

Howard County Public School System
Beyond School Hours Program
2016-2017

All students interested in enrolling in the Beyond School Hour Program must complete and submit this form to the school's BSH Site Coordinator.

Please print the requested information as noted.

Name of Student

Parent/Guardian (Contact #1)

Telephone Number

_____ (e-mail) _____

Parent/Guardian (Contact #2)

Telephone Number

_____ (e-mail) _____

- I grant permission for my (child, children) to ride the HCPSS-provided bus.
- I do not grant permission for my (child, children) to ride the HCPSS-provided bus.

By signing this form, I grant permission for my (child, children) to participate in the Beyond School Hours Program. I also understand that if I request transportation services, my (child, children) will be transported from the site to a designated "collector" bus stop. I also understand that I am responsible for making arrangements to retrieve my (child, children) from the collector bus stop.

Parent Signature _____