The Children's Guild®
District of Columbia
Public Charter School

I, _____ the parent of, _____ elect for my child to ride Bus _____ and get off at _____. I understand my child will **NOT** be able to switch buses and will **ONLY** be allowed to ride the specified bus without a 48 hour hand-written notice to the school. A phone call to Mr. Daniels must also be made, 202-774-8488.

_____	_____	_____
Print parent name	Signature	Date
_____	_____	_____
Print School Official Name	Signature	Date

I, _____ have reviewed and understand all the information provided in the 2017-2018 TCGDC Parent Handbook. I am aware this document may be found online at www.tcgdc.org/admissions.

_____	_____	_____
Print parent name	Signature	Date
_____	_____	_____
Print School Official Name	Signature	Date