



Astoria Express Transit

26-34 18th Street
Astoria, NY 11101
Tel: 718-626-3369

Date: _____

Teacher: _____

Grade/Dismissal Time: _____

Classroom: _____

School: _____

Address: _____

City, State Zip: _____

Attn: Transportation Coordinator

I hereby give permission to release my child, _____, to ASTORIA EXPRESS, to transport to the SERIOUS FUN AFTER SCHOOL INC. program at _____. Please release my child to the school bus service on the days indicated below:

____ **Monday**

____ **Tuesday**

____ **Wednesday**

____ **Thursday**

____ **Friday**

THERE IS NO SERIOUS FUN BUS PICK UP ON SCHOOL HALF DAYS OR HOLIDAYS. This is to certify that ASTORIA EXPRESS is an authorized escort to pick up my child from school:

Parent Name

Contact Telephone

Parent Signature

Date