

# Reservoir High School

11550 Scaggsville Road Fulton, Maryland 20759 (410) 888-8850 FAX (410) 888-8849



## 2019-2020 Winter Season-Spring Season

Dear Parents/Guardians:

Due to the needs of our community, and in effort to help all of our students participate in extracurricular activities, we are able to continue the activity bus **January 2- March 31, 2020!!** The bus will continue to run every **Tuesday, Wednesday, and Thursday**, departing Reservoir at **5:00pm. Bus will pick up in front of Auditorium exit doors. Approximate drop off central locations can be found online at [www.rhsboosters.com](http://www.rhsboosters.com) or by contacting the school.**

The bus transportation is provided by Reservoir High School's Booster Organization, to accommodate students who elect to stay after school or otherwise might not be able to participate in an extracurricular program because of lack of transportation. For the duration of the winter season, each involved student is expected to follow all school rules, policies and procedures of HCPSS on the bus. Parents/guardians will be responsible for picking up their children if they miss the bus. Please note this is an alternative for students who do not have available transportation. Due to limited funding, we will not be able to deliver each student to his/her residence, but we have designated a series of stops that service all of our school communities. Also, students are reminded that riding the bus is privilege and not a right, therefore it is expected that all HCPSS rules will be followed.

Please sign and return the permission slip below to the front office as soon as possible. When your permission slip is turned in you will receive a pass to ride the activity bus. **Students will not be allowed to ride the bus without a signed permission slip and the required pass.**

Sincerely,

RHS Administration

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Print Child's Name \_\_\_\_\_ has permission to ride the after school activities bus for the 2019-2020 school year. For the duration of the school year, my child is expected to follow all school rules, policies and procedures of the HCPSS on the bus.

My child plans to participate in the following activities:  
\_\_\_\_\_  
\_\_\_\_\_

I give my child permission to ride the activities bus.

Parent Print Name \_\_\_\_\_ Sign Name \_\_\_\_\_

Date \_\_\_\_\_

**\*\*\*\*THE BUS WILL NOT RUN: 01/01, 01/22, 01/23 or weather closings.**