



MADINATUL ULOOM

995 Fillmore Avenue, Buffalo, NY 14211 Tel: (716) 292-5956

Independent Commute Permission Form

I, _____, hereby grant permission for my child, _____, to
(Parent Name) (Student Name)
travel to and from Madinatul Uloom independently. I understand and accept that by
granting this permission, I assume full responsibility for my child's safety and well-being
during their commute.

By signing this form, I acknowledge and accept that Madinatul Uloom, its staff, and faculty will not be held liable for any incidents, accidents, or injuries that may occur during my child's independent commute to and from school. I understand that the school's duty of care begins and ends within the school premises during regular school hours.

I assure you that I have discussed the importance of safety and responsible behavior during travel with my child. I have emphasized the need to follow traffic rules, remain vigilant, and avoid engaging in any activities that may jeopardize their well-being.

Parent Signature

Date