

PERMISSION TO RELEASE STUDENT (Release of Responsibility)

Please Fill Out and Return to the Bus Driver:

This is to provide notification that I/we wish to exercise my/our right(s) as parent(s) and/or legal guardian(s) of: _____ and request that the named pupil, who is transported to and from school, is released upon arrival at:

(Bus Stop)

I/we hereby acknowledge and accept full responsibility for the release of said pupil and declare supervision by an adult is not necessary. _____

Parent Initial

I/we waive any and all claims for any injury, accident, or death occurring by reason of the release of said pupil upon his/her arrival at my child's bus stop without the presence of adult supervision. _____

Parent Initial

OR

Child may be released to the following individuals only:

_____	_____
_____	_____
_____	_____

If any of the information regarding your student should change, a new form must be filled out and submitted to the Transportation Department

_____ Signature of Parent/Guardian		
_____ Street Address	_____ City	_____ State
_____ School of Attendance		
_____ Home Phone Number	_____ Cell Phone Number	
_____ Date		

TRANSPORTATION OFFICE USE ONLY	
Route:	_____
Date	_____
_____ Transportation Signature	