

**PERMISSION TO RELEASE STUDENT (Release of Responsibility)**

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**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		

<b>TRANSPORTATION OFFICE USE ONLY</b>	
Route:	_____
Date	_____
_____ Transportation Signature	