



Sisters School District Kindergarten Student Bus Release Waiver

School _____

Student Name _____

Address: _____ City/State/Zip _____

Parent / Guardian _____ Home Phone # _____ Cell # _____

Parent / Guardian _____ Home Phone # _____ Cell # _____

Drop off procedures for students

To ensure the safety of students in the Sisters School District we are asking you to fill out this form. This will help regular and substitute drivers understand your wishes as to the procedure for dropping off your student. Please return this form to the **transportation office**. Bus drivers cannot accept this form.

YES My child has permission to walk from the bus stop unattended.

(If you mark YES, do not continue to complete form. Go to the bottom of the form and sign and date.)

NO A caregiver must meet or accompany my child. (Ref. ORS 163.545)

(If you mark **NO**, please list below the names, **including siblings**, of others authorized to receive your child. This person must meet the student at the bus door and present photo identification. If there is no one to meet the child, the child will not be dropped off and will be returned to the Transportation Department. Transportation will attempt to contact you by phone. If they can't reach you by 5:00 PM the local Sheriff's Department will be contacted.)

Name: _____ Relation: _____ Phone # _____

Name: _____ Relation: _____ Phone # _____

Name: _____ Relation: _____ Phone # _____

Name: _____ Relation: _____ Phone # _____

Parent / Guardian Signature: _____ Date: _____

Parent / Guardian Signature: _____ Date: _____

If any of this information changes, please complete a new form and return it to the transportation office prior to the change needing used. Thank you!

OFFICE USE ONLY

Bus Route Letter: _____ In-bound stop: _____

Bus Route Letter: _____ Out-bound stop: _____