

# CHARTIERS VALLEY

## PRIMARY SCHOOL

I request that my child/children \_\_\_\_\_,  
be picked up and/or discharged each school day at his/her/their assigned school  
bus stop without adult supervision. I make this request fully understanding the  
safety risk involved and I will not hold the Chartiers Valley School District liable for  
any accident or harm caused to my child/children as a result of my request.

This action was initiated by me on (Date) \_\_\_\_\_  
And is to be implemented for the duration of the school year.

Parent/Guardian MUST complete this form and return it in person to the Primary  
School office. Any change to my request will be made in writing and forwarded to  
the Transportation Department.

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**NAME / RELATIONSHIP TO STUDENT(S)**

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**ADDRESS**

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**Home Phone Number**

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**Cell Phone Number**

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**Student(s) Bus #**

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**Date**