



TRANSPORTATION RELEASE FORM 2023-2024

Parent/Guardian
Please attach a current photo of your child
Head shot only please

Student Name: _____

Home Address: _____

_____/_____
(City) (Zip Code)

Neighborhood Elementary School: _____

Parent or Legal Guardian Name: _____ Phone (H): _____/C: _____

Parent or Legal Guardian Name: _____ Phone (H): _____/C: _____

Name of sibling(s), who is/are authorized to take student off the bus:

1) _____ 2) _____ 3) _____

ECEAP Preschool Kindergarten SPED

Other Pick up Address: _____ Name: _____ Phone: _____

Other Drop off Address: _____ Name: _____ Phone: _____

The standard Issaquah School District Transportation procedure is that all Kindergarten as well as ECEAP, Preschool and SPED students being transported by bus have an authorized person to receive them at their bus stop. If the parent/guardian believes the child is capable of attending to his/her own needs and may be dropped off without an authorized person in attendance, the District then requires that information to be in writing from the parent/guardian.

Please indicate which procedure for drop off you would like to have your student follow:
I, being the parent of _____, do hereby request that the Issaquah School District:

Drop off my student at his/her designated bus stop in the following manner:

- DROP OFF WITHOUT DETERMING WHETHER AN AUTHORIZED PERSON IS IN ATTENDANCE
 DO NOT DROP OFF UNLESS AN AUTHORIZED PERSON IS IN ATTENDANCE

Following are persons authorized by me to pick up my student (MUST BE AT BUS DOOR TO RELEASE):

(1) _____ (2) _____ (3) _____
(4) _____ (5) _____ (6) _____

In the event there is no authorized person in attendance at the bus stop, the student will be returned to his/her school.
Parents/guardians may call the Transportation Department @ 425.837.6329 to verify the student's location.

By signing this Transportation Form & Release, I voluntarily agree to assume the full responsibility, and risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward may sustain after they depart the bus. I further agree to fully release and forever discharge and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) against the Issaquah School District, including its Board of Education, officers, administrative agents, employees, and volunteers after such departure.

Signature of Parent or Legal Guardian (Date)

Return to: School, Bus Driver, transportation-enevs@issaquah.wednet.edu, or mail: 805 2nd Ave SE, Issaquah 98027

Office use only

COPY TO PM DRIVER COPY IN PM ROUTE-BOOK ROUTING SCN INTO RP ORIGINAL IN MASTER BOOK