

# Community I.S.D.

## Transportation Department Supervision Waiver

Students Name: \_\_\_\_\_

Students Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Campus: \_\_\_\_\_

By Signing this document, you are giving Community ISD permission to drop the above student off without a parent to receive them at the bus stop. This only pertains to regular ed buses. This form must be returned completely filled out and signed to be processed. This form will expire on the last day of the school year.

Legal Guardians Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please return this form to your student's campus, bus driver or directly to Transportation. Please allow 72 hours after submitting form for change to be implemented.

