



PRE-SCHOOL/KINDERGARTEN RELEASE FORM FOR SCHOOL YEAR 20__ - 20__

TRANSPORTATION DEPARTMENT

Student Name: _____

Home Address: _____

_____/_____
(City) (Zip Code)

Neighborhood Elementary School: _____

Mother/Guardian Name: _____

Phone (H): _____ (C): _____

Father/Guardian Name: _____

Phone (H): _____ (C): _____

Other Pick-Up Address: _____ Name: _____ Phone: _____

Other Drop-Off Address: _____ Name: _____ Phone: _____

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

Mead School District Transportation procedure is that all Pre-School/Kindergarten 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 Mead School District: Drop off my student at his/her designated bus stop in the following manner:

- DROP OFF WITH NO AUTHORIZED PERSON PRESENT AT THE TIME OF DEPARTURE FROM THE BUS
DROP OFF ONLY WHEN AN AUTHORIZED PERSON IS IN ATTENDANCE

Following are persons authorized by me to pick up my student (Must be within line of sight of driver 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 at 509-465-6107 to verify the student's location.

By signing this Pre-School/Kindergarten Transportation Release Form, 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 Mead School District, including its Board of Education, officers, administrative agents, employees and volunteers after such departure.

_____/_____
Signature of Parent or Guardian Date

Return to: School Bus Driver, Transportation@mead354.org, or mail: 2323 E Farwell Road, Mead, WA 99021