

Bus Stop Release Form

School Year: _____

For the safety of our ESE, Pre-K, Kindergarten and 1st grade students, Parents/Guardians must provide authorization to the VCS Transportation Department for the immediate release of their student(s) at the assigned bus stop location.

Please complete the information below and return it to your student's bus driver, teacher, or school contact.

Student Name: _____ Alpha ID:

--	--	--	--	--

Student Address: _____

School Name: _____ Student Grade: _____

Parent/Guardian Name: _____ Phone Number: _____

** This information is confidential and will only be used to verify information of the authorized contact or in the event of an emergency. **

Mark an "X" in the box below indicating authorization for your student:

☐ My student is permitted to walk home without an escort.

☐ My student is permitted to walk home with an older sibling or friend.

Name: _____ Grade: _____

Name: _____ Grade: _____

☐ My student will be met at the bus stop by the authorized individual(s) listed below.

**I am aware that a valid photo ID will be required for verification purposes.*

If the Parent/Guardian or authorized individual listed below is not visible to receive the student requiring an escort, the student will be returned to school for pick-up.

Authorized Individual Full Name	Relationship to Student	Contact Phone Number

Safety is a top priority for Volusia County School District. Students, Parents/Guardians, and the individuals listed above are all responsible for the safety and proper behavior of student's when at the bus stop location.

Parent/Guardian Signature: _____

Parent/Guardian Name (printed): _____ Date: _____

Office Use Only

Date Received: _____ Date Uploaded to Focus: _____