

# Monrovia Elementary School Bus Drop- Off Permission Form

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Bus #: \_\_\_\_\_

I, \_\_\_\_\_, grant my child, \_\_\_\_\_,  
(parent/guardian name) (student's full name)

permission to be dropped off with an older sibling at their designated p.m. bus stop without adult supervision. I have arranged for my child's safety and understand I am responsible for my child after drop off.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

