

Parent/Guardian Visibility

Dear Parent/Guardian of Beekmantown Central School District Student(s):

In the best interest of the safety of our Students, we at Beekmantown Central School District desire for a Parent/Guardian or designee to be in attendance and visible at the drop off location of all students K-5 and all Special Needs Students K-12 of Beekmantown Central School District.

If a Parent/Guardian or designee is not visible at the drop off location, our BCSD Bus Drivers will not drop the student off. The student will be transported back to campus and the Parent/Guardian will have the responsibility of transporting the student home after signing him/her off campus from an administrator.

If a Parent/Guardian wishes to be exempt from this requirement a visibility exempt form must be submitted. A completed form is required for each individual BCSD student. Each completed form will be reviewed, evaluated and honored at the discretion of school administration and the transportation department.

To request an exemption from this requirement please fill out the form below and return to the BCSD School Bus Driver or the BCSD Office of Transportation.

Visibility exempt forms are required annually; forms from previous school years will not be honored.

Visibility Exempt Form

I, _____ give BCSD School Bus Drivers permission to drop off my child at the
(Print Parent/Guardian Name)
following destination(s) without a Parent/Guardian or designee visible to the driver.

Student Name: _____ BES CHES BMS BHS CVES Grade: _____

Address of drop location: _____

Include previously authorized Alternate Address in this Request: yes NO N/A

Address of previously authorized alternate drop location: N/A _____

Emergency Contact name: _____ Phone: _____

I understand my child is my responsibility after he/she is dropped off by the School Bus. I agree to have a responsible party always home and/or an arrangement made for my child to have easy access to enter the secure residence.

(Parent/Guardian Signature)

Date: _____

(Transportation Supervisor/Head Bus Driver)

Date: _____

(School Administrator Signature)

Date: _____

BCSD AUTHORIZATION: REQUEST APPROVED <input type="checkbox"/>	REQUEST DENIED <input type="checkbox"/>	DATE: _____
---	---	-------------