



## Passenger Drop Off Permission Slip

\_\_\_\_\_ School Year

Dear Parent/ Guardian:

While we are not legally responsible to insure that anyone is home at the time a passenger is discharged from our vehicle it is company policy to transfer custody of passengers directly to a responsible adult at the time of drop off. In practice this means that if an authorized adult is not home at the scheduled drop off time the passenger will not be permitted to exit the vehicle and will remain in our custody or be returned to the school or program until an authorized adult can be located.

If your situation makes it impossible for a responsible adult to be home at the scheduled drop off time, and you feel that your child or the adult over whom you have guardianship **IS CAPABLE OF STAYING HOME ALONE**, you may authorize an exception to our company policy. Please review the statement of choice below and indicate your decision.

Thank you,

Kellie P. Dean  
President

### Statement of Choice

Passenger Name (please print): \_\_\_\_\_ DOB: \_\_\_\_\_

Drop Off Address:  
\_\_\_\_\_

To Dean Transportation and the Local School District/ Program:

I certify that I am the Parent/ Legal Guardian of the passenger whose name appears at the top of this form and provide that the following Passenger Drop Off Procedure for this individual at the above address:

I **DO NOT** give you permission to leave this passenger alone. If I am not at the drop off location the following individual may receive my passenger at this address:

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

If no one is home at this address, alternate address(es) and phone number(s) for **emergency** use are indicated on the **EMERGENCY CONTACT FORM** included on the back of this form.

I **DO** give you permission to leave this passenger alone.\* I assume total responsibility, and will not hold Dean Transportation, the School District/ Program, nor the driver responsible for this passenger's safety after they have been delivered to the drop off address indicated above.

\*On ½ days or early dismissal I also authorize you to leave the above passenger home alone:  Yes  No



## Emergency Contacts

I certify that I am the Parent/ Legal Guardian of the passenger who name appears at the top of this form and provide the following authorizations:

In the event of an emergency that prevents a responsible adult from being home at the scheduled drop for this passenger I authorize Dean Transportation to use the following Emergency Contacts in the sequence listed and to release this passenger to any of the responsible adult(s) listed for the respective contact names.

**Emergency Contact 1:** \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Phone: \_\_\_\_\_

**Emergency Contact 2:** \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Phone: \_\_\_\_\_

**Emergency Contact 3:** \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Phone: \_\_\_\_\_

### Parent/ Legal Guardian

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

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_