



TRANSPORTATION RELEASE FORM 2025-2026

Student Name: _____

Home Address: _____

_____/_____
(City) (Zip Code)

School of Attendance: _____

Parent or Legal Guardian Name: _____ Phone (H) _____ (C) _____

Parent or Legal Guardian Name: _____ Phone (H) _____ (C) _____

☐ ECEAP

☐ Preschool

☐ Transitional Kindergarten

☐ Kindergarten

☐ SPED

The standard Issaquah School District Transportation procedure is that all Kindergarten as well as ECEAP, Preschool, TK, and SPED students being transported by bus have an authorized person to receive them at their bus stop. If the parent/guardian believes their TK, Kindergarten, or Special Education student 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. ECE and ECEAP students must be met at the bus stop by a person who is 18 years old or older.

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 Issaquah School District drop off my student at his/her designated bus stop in the following manner:

☐ **DROP OFF WITHOUT DETERMINING WHETHER AN AUTHORIZED PERSON IS IN ATTENDANCE**

☐ **DO NOT DROP OFF UNLESS AN AUTHORIZED PERSON IS IN ATTENDANCE**

Following are persons/siblings are authorized by me to pick up my student (MUST BE AT BUS DOOR TO RELEASE). ECE and ECEAP students must be met by an authorized person who is 18 years or older. Bus driver may ask to see ID. (Any additions to this list after the initial submission must be put on a new form and returned to transportation or the bus driver)

(1) _____ (2) _____ (3) _____

(4) _____ (5) _____ (6) _____

(7) _____ (8) _____ (9) _____

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 @ 425-837-6329 to verify the student's location.

By signing this *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 Issaquah School District, including its Board of Education, officers, administrative agents, employees, and volunteers after such departure.

Signature of Parent or Legal Guardian

(Date)

Return form to: Bus Driver, transportation-enews@issaquah.wednet.edu, or mail: 805 2nd Ave SE, Issaquah 98027

☐ COPY IN PM ROUTE BOOK

Office use only
☐ ROUTING SCN INTO RP

ROUTE NMBR _____