Drop Off Authorization Form 2025/2026

Bus Route #_____

Please fill out this form and return to the bus driver.

Student's Name: _____ Bus Stop #: _____

Parent's Phone Numbers: _____

DROP OFF AUTHORIZATION:
*****My Student must be met at the Bus*****

Please provide the names, relationships, and phone numbers of EVERYONE **who is authorized to meet your child at the bus stop.**

Name: _____ Relation: _____ Phone #: _____
Name: _____ Relation: _____ Phone #: _____
Name: _____ Relation: _____ Phone #: _____

_____ _____ _____
Parent/Guardian: (Print Name) Parent/Guardian (Signature) Date

OR

DROP OFF RELEASE: Student has parental/guardian permission to walk home alone.
I give My child permission to walk to and/or home alone from the bus stop and I take full responsibility for my child's safety. **I understand that this is NOT a recommended procedure of the Cave Creek Unified School District #93**

_____ _____ _____
Parent/Guardian (Print Name) Parent/Guardian (Signature) Date

***PLEASE NOTE**: This request is only valid for the school year in which it is granted.*