

PLUMSTED TOWNSHIP SCHOOL DISTRICT
2025-2026
TRANSPORTATION STUDENT DROP OFF FORM

To: Plumsted Township School District

I, _____, parent/guardian of the children listed below, hereby request and give my permission, to allow the Plumsted Township Transportation Services to drop off my children at _____, board approved bus stop, without parental presence.

Names of Children:

- | | |
|----------|-------------|
| 1. _____ | Grade _____ |
| 2. _____ | Grade _____ |
| 3. _____ | Grade _____ |
| 4. _____ | Grade _____ |

By affixing my signature below, I hereby release the Plumsted Township School District from any liability for performing the above request.

Date: _____
(Print Name) Parent/Guardian

Parent/Guardian Signature

Parent contact information:

Home Phone

Cell Phone