



KINDERGARTEN RELEASE FORM

2025-2026 SCHOOL YEAR

TRANSPORTATION DEPARTMENT

Student Name: _____

Home Address: _____

_____/_____
(City) (Zip Code)

Neighborhood Elementary School: _____

Mother/Guardian Name: _____

Phone (H): _____ (C): _____

Father/Guardian Name: _____

Phone (H): _____ (C): _____

Parent/Guardian

Please attach a
current photo of
your child

Headshot only!

Mead School District's Transportation procedure is that all preschool/Kindergarten students being transported by bus have an authorized person to receive them at their bus stop. If the parent/guardian believes the child can attend to his/her needs and may be dropped off without an authorized person, the district then requires that information to be in writing from the parent/guardian.

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

☐ DROP OFF WITH **NO AUTHORIZED PERSON** PRESENT AT THE TIME OF DEPARTURE FROM THE BUS

☐ DROP OFF **ONLY** WHEN AN AUTHORIZED PERSON IS IN ATTENDANCE

Following are persons authorized by me to pick up my student (Must be within line of sight of a driver to release):

1: _____ 2: _____ 3: _____

4: _____ 5: _____ 6: _____

If no authorized person is present at the bus stop, the student will be returned to his/her school. Parents/guardians may call the Transportation Department at 509-465-6107 to verify the student's location.

By signing this Pre-School/Kindergarten 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 Mead School District, including its Board of Education, officers, administrative agents, employees and volunteers after such departure.

Signature of Parent or Guardian

Date

Return to: School Bus Driver, Transportation@mead354.org, or mail: 2323 E Farwell Road, Mead, WA 99021