

Unless informed otherwise, the Transportation Department will only allow pre-kindergarten students to be dropped off at their designated bus stop with a parent present to receive the child.

Only complete this form if you would like your child to be dropped off at their bus stop with someone other than a parent/guardian.

Please note that it is the responsibility of the parent to ensure the safety of their child to and from the designated bus stop location.

| Student Name: | | | | | | | |
|--|--|--|--|----------------------------------|---------------------------------|-----|--|
| School: | l: Bus Stop Location: | | | | | | |
| Student Address: | | | | | | | |
| City: | State: | Zip: | e: | | | | |
| Waiver Information | | | | | | | |
| Authorized Person – Adults Only | | | | | | | |
| Name: | onship to Stu | | | | | | |
| Name: | 9: | | | onship to Student: | | | |
| Name: | : | | | onship to Student: | | | |
| Name: | | | | onship to Student: | | | |
| Name: | ne: | | | | onship to Student: | | |
| | | | | | | | |
| I hereby give permission to E bus stop with the people aut from the designated bus sto my child will be returned to t | thorized above. I ur p. Further, I unders | nderstand that it i stand that if a par | s my responsibility to ensur ent nor authorized person is | e the safety o at the stop to | of my child to o receive the | and | |
| Parent/Guardian Printe | d Name: | | | | | | |
| Parent/Guardian Signature: | | | | Date: | | | |

Please return this form to the Transportation Department or directly to the childs' bus driver.

Address: 8055 Wallace Road I Eden Prairie, MN 55344

Email: transportation@edenpr.org

Phone: (952) 975-7500