MEAD SCHOOL DISTRICT

TRANSPORTATION DEPARTMENT

TTK/ Preschool Release Form
2026-2027 SCHOOL YEAR

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

Head shot only!

Mead School District Transportation procedure is that all TTK students being transported by a Mead bus have an authorized person to receive them at their bus stop.

I, being the parent of _____, do hereby request that the Mead School District:
Drop off my student at his/her designated bus stop to the following authorized persons:

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

1:_____ 2:_____ 3:_____

4:_____ 5:_____ 6:_____

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 at 509-465-6107 to verify the student's location.

By signing this Transition To 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