

# SPECIAL EDUCATION WALKING WAIVER

I, \_\_\_\_\_, parent/guardian of the following student,

\_\_\_\_\_, from school \_\_\_\_\_

(Student Name)

(School Name)

on bus # \_\_\_\_\_, give my permission for the above Special Ed. child to walk

home from the bus stop at \_\_\_\_\_ with either

(Location)

an older sibling \_\_\_\_\_

(Name)

**-OR-**

Any one of the following names (Adults – 18 years or older) listed below:

1) \_\_\_\_\_ Phone \_\_\_\_\_

2) \_\_\_\_\_ Phone \_\_\_\_\_

3) \_\_\_\_\_ Phone \_\_\_\_\_

**The above names will be verified by the driver when a current picture I.D. is shown. We will not release the student until proper identification is shown. We will not release the student if the name is not on our list of the above adults. The adults have to be 18 years or older.**

**-OR-**

I, \_\_\_\_\_, parent/guardian of the following student,

\_\_\_\_\_, from school \_\_\_\_\_ give the

(Student Name)

(School Name)

CSMD bus driver of # \_\_\_\_\_, my permission to drop off my special education

Student without an adult present. Transportation will not be held liable after child is dropped off.

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Driver Signature)

\_\_\_\_\_  
(Date)