



CMSD SPECIAL EDUCATION WAIVER

Parent/Guardian Name: _____

Student Name: _____

School Name: _____

Bus Number: _____

Authorization Option 1: Student May Walk Home with an Approved Person

I give permission for the above special education student to walk home from the bus stop at:

Bus Stop Location: _____

Older Sibling Name, if applicable: _____

Approved Adults, 18 Years or Older:

#	Adult Name	Phone Number
1	_____	_____
2	_____	_____
3	_____	_____

Driver will verify listed adults with current picture I.D. The student will not be released without proper identification or to anyone not listed above. All approved adults must be 18 or older.

Authorization Option 2: Student May Be Dropped Off Without an Adult Present

I give the CMSD bus driver permission to drop off the above special education student without an adult present.

Transportation will not be held liable after the child is dropped off.

Signatures

Parent/Guardian Acknowledgment	
Parent/Guardian Signature:	Date:
Printed Name:	Phone Number:
Driver Verification	
Driver Signature:	Date: