

SCHOOL BUS STANDARD RELEASE FORM

Please print clearly

Student's last name First name School

If I am not present at my child's school bus stop in the afternoon, he/she:

(Circle either # 1, # 2, **OR** #3)

1. May be dropped without someone to meet child.
2. May walk home with older sibling: _____
3. Must be met by person listed below:

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Bus stop _____

If you circle #3, "*Must be met*," and the identified person is not at the bus stop when the bus arrives, your child **will be returned** to his/her school of attendance.

Date Signature of parent/guardian

Home phone # (____) _____ Cell Phone # (____) _____

Work Phone # (____) _____ ext. _____

Transportation Department: (714) 848-5257 or (714) 847-2551, ext. 3520 or 3521

PLEASE RETURN THIS FORM TO YOUR BUS DRIVER