St. Charles Parish Public Schools
Transportation Release Form

St. Charles Parish Public Schools follows all state laws, rules and guidelines for dropping off students at bus stops. Students (**under the age of ten**) may be dropped off by themselves (**exclusive of Head Start and Kindergarten students**) if there are no foreseeable hazards or dangers at the bus stop. **Head Start and Kindergarten students** **MUST** have a parent, guardian, or older sibling present when students are picked up and dropped off.

HOWEVER:

If you want a parent, guardian or older sibling present when your child (**under the age of ten**) is dropped off after school, please check the appropriate box, sign, and return this form to your child's school bus operator by **August 14, 2026.** If you want someone to receive your child and no one is visible at the bus stop, your child will be returned to either their school or the daycare assigned to that school and you will be charged for the use of the district daycare.

Be it known, that by not returning this document with a signature, you jointly and generally forever release, discharge, acquit, and forgive the St. Charles Parish School Board from any and all claims, actions, suits, agreements, liabilities, and proceedings of every nature and description both at law and in equity arising from dropping off the undersigned student without a parent, guardian, or sibling above the age of ten at the bus stop. This release shall be binding upon and inure to the benefit of the partners, their successors, assigns, and personal representatives.

I want a parent, guardian, or older sibling **VISIBLY** present at the assigned bus stop when my child (**under the age of ten**) is dropped off: _____.
(check)

I **DO NOT** want a parent, guardian, or older sibling visibly present at the assigned bus stop when my child (**under the age of ten**) is dropped off: _____.
(check)

Bus #: _____ Student's Name: _____ School:_____

Student Date of Birth: _____

Parent/Guardian Signature:_____
(sign)

Physical Address: _____

Telephone(s):_____

Operator's Signature:_____
(sign)