CLEVELAND METROPOLITAN SCHOOL DISTRICT

KINDERGARTEN WALKING WAIVER

Parent/Guardian Name: _____

Student Name: _____

School Name: _____

Bus Number: _____

Authorization: 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.

Signatures

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