

CONFIDENTIAL
PERMISSION TO DROP OFF STUDENTS WITH
SPECIAL NEEDS WITHOUT SUPERVISION
2026-2027 School Year

For your student with special needs to be dropped off **WITHOUT SUPERVISION**,
parent/guardian is required to sign and return this form to the bus driver.

THIS ONLY APPLIES TO 1ST - 12TH GRADES

PLEASE PRINT CLEARLY:

YES, my student _____
FIRST NAME LAST NAME

Phone Number: _____ Student/Lunch ID#: _____ Date: _____

IS ALLOWED to be dropped off at his/her bus stop **WITHOUT SUPERVISION**.

Parent/Guardian Signature: _____

Parent/Guardian Name: _____

Transportation Department Use Only

Driver Complete route information:

Drop Off Route: _____ School: _____

DRIVER COMPLETE ROUTE INFO & TAKE COPY: **DRIVER INITIAL** _____

Please complete the following student information and complete the steps listed below:

1. Parent/Guardian returns signed form to Bus Driver or RSD Transportation Department.
2. Drivers make a copy of form and give original form to Routing Department.