

PM Bus #: _____
2026-2027 school year

**WILSON AREA SCHOOL DISTRICT
RELEASE AND WAIVER OF STUDENT DROP OFF PROCEDURE**

Child's Name: _____

Parent/Guardian Name: _____

Home Address (address related to student drop-off): _____

Parent/Guardian Phone Number: _____

Elementary School: _____

I understand and acknowledge that the Wilson Area School District ("WASD") school bus procedure requires a parent, guardian, responsible person or older sibling to meet Kindergarten and K-4 students for drop off at the bus stop, or be within sight distance. When no responsible party is available, bus drivers will contact WASD transportation office and return the child to the school or administration building where the parent or guardians will be contacted to pick up their child.

RELEASE AND WAIVER

Notwithstanding the foregoing, I direct the WASD to drop off the above-named child at his/her designated bus stop without a parent, guardian, or responsible older sibling to meet the child or be within sight distance of the child's drop-off. I have had the opportunity to review the information herein and/or have this information explained to me prior to signing below. I have been given the opportunity to ask questions and all of my questions have been answered. By signing below, I hereby and forever release, waive, and discharge the Wilson Area School District, its representatives, officers, directors, employees, agents, volunteers, contractors, and/or assigns from liability from any and all losses, liability, costs, and expenses (included reasonable attorneys' fee) that may result directly or indirectly if my child is dropped off at a designated bus stop without a parent, guardian, or responsible older sibling to meet my child or be within sight distance of the child's drop-off.

Parent/Guardian Name (print)

Signature

Date