2026-2027 School Year

KINDERGARTEN/STUDENT DROP-OFF RELEASE FORMS

IF ANYONE OTHER THAN YOURSELF WILL BE GETTING YOUR CHILD OFF THE BUS/VAN, PLEASE FILL OUT THE INFORMATION BELOW. THIS IS CRUTIAL INFORMATION FOR A SUBSTITUTE DRIVER TO EASILY IDENTIFY THE PERSON RECEIVING YOUR CHILD.

STUDENT NAME: _____

SCHOOL: _____

BUS NUMBER: _____

All kindergarten students must have a chaperone present at their designated stop for drop off. Use the space below to list all names that the child may be released to and the relation to the child. Photo I.D. must be presented (school I.D. is acceptable).

	ADULT'S FULL NAME	RELATION TO CHILD
1)	_____	_____
2)	_____	_____
3)	_____	_____
4)	_____	_____
5)	_____	_____
6)	_____	_____

I, _____, give consent for the above person/persons listed to receive my child from Pennridge Transportation during the 2026-2027 school year.

SIGNATURE_____ DATE _____

Please submit your request to transport@pennridge.org