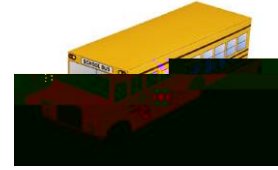


TRANSPORTATION SUPERVISION WAIVER FORM



Student's Name _____ Bus Route # _____

Campus attending: _____ Grade _____

In the event that you, the parent/guardian are not available to get your child off the bus, please list the persons that you authorize transportation to release your child to. It may be necessary for these persons to show a photo identification to your child's driver.

1. _____
Name Brother/Sister/Sitter/Other Phone #
2. _____
Name Brother/Sister/Sitter/Other Phone #
3. _____
Name Brother/Sister/Sitter/Other Phone #
4. _____
Name Brother/Sister/Sitter/Other Phone #

I understand that if there is no one to receive my child at his/her bus stop when the bus arrives, the bus driver will return my child to his/her school of attendance. It will then be my

responsibility to provide a Parent/Guardian SIGNATURE

Date Signed

TRANSPORTATION SUPERVISION WAIVER FORM

Employee
Name

o p
Title

Employee
ID

DOB

State

1. _____

N/A

eh

/eh

N/A

/Ob

2. _____

N/A

eh

/eh

N/A

/Ob

3. _____

N/A

eh

/eh

N/A

/Ob

4. _____

N/A

eh

/eh

N/A

/Ob

Employee
Signature

Employee

o

eh

á

eh

Signature