



RED CLAY CONSOLIDATED SCHOOL DISTRICT

Transportation Office
479 Old Airport Road
New Castle, DE 19720

TO: TRANSPORTATION SUPERVISOR

FROM: _____
(Parent / Guardian)

**RE: AUTHORIZATION TO DISCHARGE KINDERGARTEN STUDENT FROM A
SCHOOL BUS AFTER SCHOOL WITHOUT ADULT SUPERVISION**

I authorize the Red Clay Consolidated School District to drop off my kindergarten child at his/her bus stop without adult supervision.

I understand that I assume full responsibility for my child's safety and welfare. I DO NOT hold the driver, the District or any employees of Red Clay Consolidated School District or its Contractors responsible for any mishap which could occur after my child is released from the bus.

Parent with students having an IEP with transportation modifications must first contact school personnel to change the IEP to include this release authorization.

STUDENT'S NAME: _____

ADDRESS: _____

PARENT'S PHONE NUMBER: _____

EFFECTIVE DATE OF AUTHORIZATION: _____

BUS # _____ **STOP LOCATION:** _____

PARENT/GUARDIAN SIGNATURE **DATE:** _____