



TO: Transportation Supervisor

FROM: _____
(PARENT / GUARDIAN)

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

DATE: _____

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 and will NOT hold the driver, the District, or any employees of the District or its contractors responsible for any mishap, which could occur after my child is released from the bus.

Parents with students having an IEP with transportation modifications must first contact the school personnel to change the IEP.

STUDENT'S NAME: _____

ADDRESS: _____

HOME PHONE #: _____

BUS #: _____

BUS STOP LOCATION: _____

EFFECTIVE DATE OF AUTHORIZATION: _____

PARENT / GUARDIAN SIGNATURE

DATE

Copies: Transportation Office
Driver
School