

SCHOOL BUS STOP RELEASE FORM

STUDENT NAME: _____ GRADE: _____

HOME ADDRESS: _____

DAYCARE ADDRESS: _____

For the safety of our students, it is our practice to have a parent or guardian present, to meet or acknowledge their child when the bus arrives to drop him/her off at their bus stop. If we do not have written consent to drop off your child without a parent or guardian present, the "Bus Driver" will return your child back to their school and it will be your responsibility to pick him/her up. Please check **one** of the following selections below that may apply and include names of the individual(s) authorized to receive your child.

My child be dropped off at their designated stop with sibling(s) also riding the same bus.

Name of Sibling (please print)	Grade
--------------------------------	-------

In case, the older sibling is absent, my child will be received by the following individual waiting at their designated stop.

Name of Parent or Designated Guardian (please print)	Phone number (include area code)
--	----------------------------------

My child be received by the following individuals waiting at their designated stop.

Name of Parent or Designated Guardian (please print)	Phone number (include area code)
--	----------------------------------

Name of Parent or Designated Guardian (please print)	Phone number (include area code)
--	----------------------------------

My child be dropped off at their designated stop without anyone being present.

In granting my permission, I hereby expressly waive, release and discharge the Louis Riel School Division along with all its employees, volunteers, officers, directors, board members and trustees from a claim for any or all liability, including but not limited to accident, death, loss, damages or injury caused to a child. Further, I assume full responsibility for my child.

I certify that I understand this bus stop drop off arrangement will be in effect for the entire school year or until I revoke permission in writing to this form.

PARENT/GUARDIAN NAME	SIGNATURE	DATE
----------------------	-----------	------

Office use only:

Copy of this form to: SCHOOL TRANSPORTATION