

OCEAN VIEW SCHOOL DISTRICT
Transportation Department

STANDARD RELEASE FORM

Please print:

Student's last name _____ First name _____ School _____

My child attends the morning class _____ or the afternoon class _____

If I am not present at my child's school bus stop in the afternoon, he/she:

(Circle either #1 OR #2, not both)

1. May be dropped without someone to meet child.

2. Must be met by person listed below:

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Bus Stop _____

If you circle #2, "Must be met," and the identified person is not at the bus stop when the bus arrives, your child will be returned to his/her school.

_____ Date

_____ Signature of parent/guardian

Home phone # _____

Work phone # _____

Transportation Department: (714) 848-5257 or (714) 847-2551, ext. 3520 or 3521

**PLEASE RETURN THIS FORM TO YOUR CHILD'S BUS DRIVER
OR TO THE TRANSPORTATION DEPARTMENT**