

SCHOOL BUS STANDARD RELEASE FORM

For Special Education ONLY

Please print clearly

Student's last name First name School

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

(Circle either # 1, # 2, OR #3)

- 1. May be dropped without someone to meet child.
2. May walk home with older sibling:
3. Must be met by person listed below:

Name Relationship Phone #

Name Relationship Phone #

Bus stop

If you circle #3, "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 of attendance.

Date Signature of parent/guardian

Home phone # Cell Phone #
Work Phone # ext.

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

PLEASE RETURN THIS FORM TO YOUR BUS DRIVER