



Sulphur Springs Union School District

661-252-5131

Route # \_\_\_\_\_

School \_\_\_\_\_

**Release from Responsibility for Bus Transportation  
Required for TK and Kindergarten Students**

**SECTION A**

Name of Pupil: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**SECTION B**

Check the applicable item and complete appropriate information.

Pupil **MUST** be dropped off with parent or legal guardian.

Pupil may be dropped off without being received by a designated person. (This means he/she can be dropped off **without anyone being home or meeting them at the bus stop.**)

Pupil may be released to person other than parent or legal guardian.

(Complete name and phone number of person to whom student is to be released.)

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**SECTION C**

I release the Sulphur Springs Union School District from all responsibility for the above-named pupil from the time the pupil leaves the school bus at the designated location.

I further waive all claims against the Sulphur Springs Union School District for injury, accident, illness, or death occurring as a result of the above-named school district approving and honoring this request.

Print or type name of parent or legal guardian and specify relationship.

\_\_\_\_\_  
Name of Parent or Legal Guardian

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Signature of Parent or Legal Guardian named above

\_\_\_\_\_  
Date Sign