



Sulphur Springs Union School District

661-252-5131

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