



**Shelton School District  
Pre-School/Kindergarten/Special Education  
Transportation Release Form**

Student's Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

School Attending: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

work

Parent/Guardian Name: \_\_\_\_\_

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

work

Pick-up Address: \_\_\_\_\_

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

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

Drop-off Address: \_\_\_\_\_

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

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

Emergency Contact: \_\_\_\_\_

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

The Shelton School District Transportation procedure is that all Pre-school, Kindergarten and Special Needs students being transported by bus have a responsible person to accompany and receive them at their bus stop. If the parent/guardian believes the child is capable of attending to their own needs and may be dropped off without a responsible person in attendance (except for other pre-school or kindergarten students), the district then requires that information be in written form by the parent/guardian.

Please indicate which procedure for drop-off you would like to have followed for your student.

I, being the parent/guardian of \_\_\_\_\_, do hereby request that the Shelton School District drop off my student at their designated stop of \_\_\_\_\_ in the following manner:

\_\_\_\_\_ DO NOT DROP-OFF UNLESS I OR A DESIGNATED PERSON IS IN ATTENDANCE

Name of other designated persons: (1) \_\_\_\_\_ (2) \_\_\_\_\_

\_\_\_\_\_ DROP-OFF WITH OLDER SIBLING/S (NAME) \_\_\_\_\_

\_\_\_\_\_ DROP OFF WITHOUT A RESPONSIBLE PERSON IN ATTENDANCE

In the event there is not responsible person in attendance at the bus stop, the student may be returned to their school. Parents/Guardians may call the Transportation Department at (360) 426-3182 to verify their student's location

By signing this document, I assume full responsibility for my child after they depart the bus and I relieve the Shelton School District of responsibility for events occurring after such departure

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Date*