

**WYOMISSING AREA SCHOOL DISTRICT
RELEASE AND WAIVER OF KINDERGARTEN STUDENT DROP-OFF PROCEDURE**

Child's name (Print): _____

Parent's name (Print): _____

Home Address: _____

Home & Work Phone numbers: (H) _____ (W) _____ (Other) _____

Elementary School: _____

I have received a copy of the Wyomissing Area School District "Kindergarten Student Drop-Off Procedure" and wish to provide the following alternative directions to the district regarding the drop-off of my Kindergarten child:

My child may be received at the bus stop by _____

Relation to child _____

My child may be dropped off with his/her older sibling that is in 3rd grade or above.

Name of sibling _____ Grade of sibling _____

** I understand that if an older sibling is not present on the bus that I or a designated adult will be responsible for receiving my kindergarten student.*

RELEASE AND WAIVER

This is a waiver of the "Kindergarten Student Drop-Off Procedure" and my signature below indicates that I have read and understand the policy regarding transportation of kindergarten students and that the above direction is my wish for transporting my child.

(Sign and complete this section only if you are designating an alternate person or a sibling to be responsible for your child.)

I request a waiver from the district transportation policy requiring the presence of a parent at my kindergarten student's bus drop-off because I have designated another adult or older sibling to be responsible for my child's safety. Further, I release and hold harmless the school district and bus contractor from any liability for claims or injuries that may result if my child is dropped off at a bus stop without my presence.

Parent's Signature Date