

SALT RIVER ELEMENTARY SCHOOL BUS STOP SUPERVISION WAIVER FORM SALT



Date

(KINDERGARTEN STUDENTS ONLY)

Education Transportation Department student bus transportation to release	nent for further review/approval to provide ase your Kindergarten student(s) at their assing student(s) or their assing student(s). OR to identify the person(s) authors.	permission for the gned bus stop <u>with</u> a	
Student Name	Teacher	Teacher	
Student Name	Teacher	Teacher	
supervision of ONLY the below released from the school bus NOTE: If designated person listed to the first or higher grade. If the older	pelow (<u>limit of two</u>) is the student's older sibler sibling stays for after school program, or nade for your younger child to have proper	y student(s) when ing(s) they must be in not on the bus for any	
1. Name	Relationship	Phone Number	
2. Name	Relationship	Phone Number	
student(s) is returned 3 or more time discontinued.	esent at bus stop, bus driver will return your s nes, bus riding privileges will be reviewed an		
Parent/Guardian Signature	Print Parent/Guardian Name	Date	

Please submit this signed form either in-person to the Education-Administration Building or you may mail it to the following address: SRPMIC Education Transportation, 10,005 E. Osborn Rd., Scottsdale, AZ 85256.

Education Transportation Department Signature

BEFORE THIS REQUEST TAKES EFFECT, THE EDUCATION TRANSPORTATION DEPARTMENT WILL REQUIRE A MINIMUM OF 3 SCHOOL DAYS TO PROCESS.

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