

DATE

VICTOR ELEMENTARY SCHOOL DISTRICT
KINDERGARTEN RELEASE AUTHORIZATION

STUDENT ID #

Check **one** of the boxes on the right ☐ Transitional Kinder ☐ Kindergarten

We request your assistance in implementing our procedures for the release of your kindergarten student(s). Please check one of the boxes below:

☐

My child has permission to walk home daily from **school**.

☐

My child has permission to walk home daily from **the bus stop**.

☐

*My child must be met daily by one of the adults listed below at their bus stop.

1) _____ 2) _____ 3) _____
Name - Relationship to Student Name - Relationship to Student Name - Relationship to Student

***Important Note:** If student is to be met at the bus stop, there must be an **authorized adult** at the stop to receive the student. If there is not an authorized adult at the stop, the student will be returned to school. It will then be the parent's responsibility to pick the child up from the school. **If a student is not met, and is returned to school three (3) times, the child will be denied transportation both to and from school for the remainder of the school year. Authorized adults must show their photo ID.**

(It is suggested that parents arrive at the bus stop five (5) minutes prior to stop time.)

PARENT(S) acknowledge(s) that it is the responsibility of PARENT(S) to provide supervision for STUDENT on the way to school or after STUDENT is released from school. Accordingly, PARENT(S) hereby acknowledge(s) that I/we knowingly and voluntarily assume all risk of bodily injury or death to STUDENT arising on the way to school or after STUDENT is released from school if STUDENT will not utilize any DISTRICT transportation, or arising after STUDENT is dropped off or discharged from the school bus/vehicle.

PARENT(S) and STUDENT hereby, voluntarily release, discharge, waive any liability, and relinquish any and all actions or causes of action against DISTRICT, its Board of Trustees, and their officers and employees for personal injury, bodily injury, disability, property damage, property theft, death, or any other injury whatsoever to STUDENT, resulting or occurring during, after, or arising from STUDENT'S travel between home and school. To the fullest extent permitted by law, PARENT(S) and STUDENT hereby release, waive, and discharge DISTRICT, its Board of Trustees, and their officers and employees and relinquish any action or causes of action, which may hereafter arise for myself/ourselves, for my/our estate, heirs, executors, administrators, assigns, and for STUDENT. PARENT(S) and STUDENT further agree that under no circumstances will we or our heirs, executors, administrators, or assigns prosecute, present any claim to DISTRICT, the Board of Trustees, and their officers and employees for personal injury, bodily injury, disability, property damage, property theft, death, or any other injury whatsoever to STUDENT resulting or occurring during, after, or arising from STUDENT'S travel to and from school. Such waivers and releases of DISTRICT, the Board of Trustees, and their officers and employees include any causes of action whether due to the negligence of any said persons or otherwise.

PARENT(S) acknowledge(s) that this waiver will remain in effect for the 2023-2024 school year unless PARENT(S) accept(s) transportation available to STUDENT'S.

By signing below, PARENT(S) acknowledge(s) that I/we have read and understand(s) this waiver and understand(s) and agree(s) to the releases and waivers provided herein.

Print Student's Name

School

Route #

Name of Teacher

Bus Stop

Stop Time

Print Parent/Guardian's Name

Parent/Guardian's Signature

AM/PM Take Home