

**Arcadia Unified School District
Special Education Transportation Information**

RELEASE TO SELF (Release of Responsibility)

Student: _____ D/B: ____ / ____ / _____ Route #: _____

School: _____ Parent / Guardian: _____

Home Address: _____ Phone: _____

IDO want my son/daughter discharged from the bus to the residence and the school site **without** an adult present to receive him/her. I agree to hold harmless and indemnify the Arcadia Unified School District of Los Angeles County, its officers, employees and Agents from all claims or demands, which may be made by reason of the act or the consequences of permitting my son/daughter listed above, to leave the school bus in the event that his/her parent/guardian or other designated adult is not visible at the bus stop.

Since I believe that my son/daughter is capable of going from the school bus to the residence and the school site by him/her self, it will not be necessary for the driver to see me or another designated adult before letting my child off the bus.

PARENT/GUARDIAN SIGNATURE: _____ **DATE** _____
FOR THE SCHOOL YEAR: _____ - _____ and, where applicable, through the end of the summer intersession program.

This hold-harmless promise is made in consideration only of the act of granting an exception to the usual practice which requires the presence of a parent/guardian or other designated adult at the bus stop for the discharge of a home to school transportation student from the school bus.

I am aware that I must provide adequate supervision for my child once he/she is discharged from the bus and that this indemnification does not release me from that obligation.

IDO NOT want my son/daughter discharged from the school bus to the residence or school site **without** an adult present to receive him/her. I will provide the name and relationship of the adult(s) 18 years of age or older other than a parent/guardian authorized to receive the student listed above.

1. Name & Relationship _____
2. Name & Relationship _____
3. Name & Relationship _____
4. Name & Relationship _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE** _____
FOR THE SCHOOL YEAR: _____ - _____ and, where applicable, through the end of the summer intersession program.

Return this form to the Transportation Department for processing.