



Transportation Services  
7205 E Mission Ave. Spokane, WA  
(509) 922-5467 Fax (509) 922-5484

### PARENT AUTHORIZATION FOR STUDENT DROP-OFF

Child's Name (printed) \_\_\_\_\_

This authorization will be in effect:

for the 20\_\_\_\_ - 20\_\_\_\_ School Year

OR

for the following date(s): \_\_\_\_\_

Special circumstances for Kindergarten, ECEAP and Special Programs students:

I give permission for the West Valley School District Transportation Department to drop off my child as follows (check off/complete authorization below that applies):

At home, daycare, or other designated place, with no adult present at the time of departure from the bus

With the following designated individual(s) other than parent/guardian:

\_\_\_\_\_

Authorization for my student to exit the bus at the following designated bus stop which is not his/her regular assigned stop:

\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Name (printed)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Alternate Telephone Number