

**Eastside Union School District
Student Transportation of America
6742 E. Ave H
Lancaster, Ca. 93535
RELEASE OF RESPONSIBILITY/ ALTERNATE DROP- OFF**

_____ ; Attending _____ School
(CHILD'S NAME)

{ } I give permission for the bus driver to deliver my child to my home address, when neither I nor any other adult is present. I assume all responsibility for the care and safety of my child following his/her being dropped off from the school bus. I hold Eastside Union School District and Student Transportation of America harmless in the event any ill of any kind whatsoever should befall him/her.

.....

{ } I do **NOT** give permission for my child to be dropped off without being received by myself, or a designated adult. I understand that it is my responsibility to meet my child at his/her stop on time. However, in case of emergency, I **DO** give permission for my child to be dropped off to the following person(s):

NAME: _____ PHONE: _____

ADDRESS: _____

NAME: _____ PHONE: _____

ADDRESS: _____

PARENT/ GUARDIAN
SIGNATURE: _____ DATE: _____

Please return this form to the driver on the first day, completed and signed. Thank You!

NOTE: It is the policy of both the Eastside Union School District and STA that the driver watches a student go into his/her home (excluding apartment complexes) even if he/she is a "Release-To- Self". If the student is unable to get in, (door is locked, etc.), the student will be returned to his/her school.

THIS RELEASE FORM IS VALID FOR ONE SCHOOL YEAR AND MUST BE RENEWED AT THE BEGINNING OF EACH NEW SCHOOL YEAR.