

SCUC ISD BUS STOP SUPERVISION WAIVER FORM
(Kindergarten students only)

This form must be filled out and submitted to the attending school to receive kindergarten transportation services and/or to provide permission for the District to release a **kindergarten student** at his/her designated bus stop without an adult receiving the student(s) or to identify the person(s) authorized to receive the student(s).

School _____ Bus _____

Student name: _____

Address: _____

Bus stop location: : _____

Parent information (please print first and last name) : _____

***PLEASE INITIAL ONLY ONE OF THE FOLLOWING CHOICES**

_____ I will be present at the designated bus stop to receive my child(ren).

_____ I authorize the Schertz Cibolo Universal City ISD Transportation Department to drop off my child(ren) at his/her (their) bus stop without any individual supervision.

_____ I authorize the Schertz Cibolo Universal City ISD Transportation Department to drop off my child(ren) at his/her (their) bus stop with his/her (their) older sibling(s) who is/are in the first grade or a higher grade. The older sibling must ride the same school bus.

Print name(s): _____ Grade _____

_____ I authorize the Schertz Cibolo Universal City ISD Transportation Department to drop off my child(ren) under the supervision of ONLY the designated person(s) who is/are to receive my child(ren) when released from the school bus at his/her assigned bus stop.

1. _____

Name	Driver License #	Phone #
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2. _____

Name	Driver License #	Phone #
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*It is the responsibility of the parent/guardian to contact the school to maintain an updated form.

_____ Date: _____ Phone number: _____

Signature of Parent(s)/Guardian(s)

_____ Date: _____

Signature of School Administration (Principal/Vice-Principal)

School please email : scuctransportation@scuc.txed.net, questions call (210)945-6224.