

BIRCH GROVE PRIMARY SCHOOL
BUS STOP RELEASE INFORMATION

BUS NUMBER _____

In an effort to improve communication and ensure the safety of your child upon returning home on the bus, it is requested that you **complete, sign and return this form to school**. Please be advised that the procedure chosen will also be used for unscheduled early dismissals unless you indicate differently.

CHILD'S NAME _____

CHILD'S GRADE _____ TEACHER _____

Please indicate your preference by checking one of the following:

- ☐ -I will have a responsible adult present at my child's bus stop when he/she is let off the bus.*
- ☐ -I would like my child to be let off the bus stop without a responsible adult present.

If indicated that I will be present at my child's bus stop and I am not, it is understood that my child will be returned to school where I will be requested to pick him/her up.

Your signature of approval

Date signed

*Please list any additional adults to whom your child may be released, if applicable.
