

CHARTIERS VALLEY

PRIMARY SCHOOL

Inspiring excellence.

I request that my child/children, _____, be picked up and/or discharged each school day at his/her/their assigned school bus stop without adult supervision. I make this request fully understanding the safety risk involved and I will not hold the Chartiers Valley School District liable for any accident or harm caused to my child/children as a result of my request.

This action was initiated by me on (Date) _____ and is to be implemented for the duration of the 2018-2019 school year.

Parent/Guardian MUST complete this form and return it in person to the primary school office. Any change to my request will be made in writing and forwarded to the Transportation Department.

Name / Relationship to student(s)

Address

Home Phone Number

Cell Phone Number

Student(s) Bus #

Date