



Auxiliary Services
9311 Chambers Creek Road
University Place, Washington 98467-1074
(253) 566-5700
Fax (253) 566-5702

Release of Responsibility

I, \_\_\_\_\_, parent of, \_\_\_\_\_, who attends (school name) \_\_\_\_\_, release University Place School District of responsibility while my child travels to/from their school bus stop which is:

Please check one:

- Outside of the University Place School District boundary area
Walking distance to school
Out of the attendance boundary
An existing bus stop other than the stop the student is assigned to

Requested stop location & Bus #

Destination Address

I understand that my child must cross the street at a controlled intersection (stop light, stop sign, yield sign, etc.) to access their bus stop/home (as required by state law). In addition, I understand that my child may ride on a space available basis only, and that they must obey the bus transportation standards of conduct. I also understand that if a parent is required by Transportation to meet the student at the stop that transportation will end if the parent is not present at the approved stop for the pick up or the drop off.

Please return this form to the Transportation Department.

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

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Student Address: \_\_\_\_\_

FOR OFFICIAL USE ONLY:

Assigned Route: \_\_\_\_\_

Assigned Stop: \_\_\_\_\_

Approved: \_\_\_\_\_ Stop ID \_\_\_\_\_

Date: \_\_\_\_\_ Notifications: \_\_\_\_\_ Driver \_\_\_\_\_ Parent \_\_\_\_\_ Edulog