



**JOINT SCHOOL DISTRICT NO. 2  
 PUPIL TRANSPORTATION DEPARTMENT  
 50 N. Ward Ave. Meridian, ID 83642  
 (208) 855-4440**

## **A.M. KINDERGARTEN PARENTAL WAIVER**

The Meridian School District makes a concerted effort to select bus stop locations that are as safe as possible for each student. On mid-day kindergarten routes, stops are located at the student's address or the nearest accessible point to the address. Cul-de-sacs, private roadways, and dead-end streets often necessitate locating a bus stop at a point other than the home address. When a.m. kindergarten students are brought home in the mid-day from school it is important to have an adult or guardian at the bus stop. Your bus driver will watch over your child as they leave the kindergarten bus each day. If a parent or guardian is not present to receive the child the driver will not leave the student unattended unless an A.M. Kindergarten Parental Waiver has been completed and is on file with the driver. If the driver does not have a Waiver and a parent or guardian is not present, the driver will return the student to the school where the parent or guardian will be called to come pick them up. If you feel that your bus stop location is safe enough for you're a.m. kindergarten student to get off without having a parent or guardian present, please complete this form and return it to your bus driver. If the driver does not have a completed waiver in their possession, your student will not be dropped off unattended. Thank you for assisting us in our goal to keep the safety of the students as our number one priority.

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**Detach this portion and return to driver before student will be allowed to be dropped off unsupervised.**

### **A.M. KINDERGARTEN PARENTAL WAIVER**

Student's Name: \_\_\_\_\_ Bus No.: \_\_\_\_\_

Bus Stop Location: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

School: \_\_\_\_\_

*I give permission for the school bus driver to drop off my a.m. kindergarten student at his/her assigned bus stop without a parent or guardian present to receive him/her.*

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_