

**OLDHAM COUNTY BOARD OF EDUCATION
ADMINISTRATIVE REGULATION - 8080.01-F**

**PARENT ACKNOWLEDGEMENT REGARDING
TRANSPORTATION OF KINDERGARTEN STUDENTS**

Relates to 8080.01-AR
Page One of Two

Child's name (Print): _____

Parent's name (Print): _____

Home Address: _____

Home & Work Phone numbers:(H)_____ (W)_____ (Other)_____

Elementary School: _____

I. **I have received a copy of the Oldham County School 8080.01-AR "Transportation of Kindergarten Students."**

II. **These are my directions to the Oldham County Schools regarding transportation of my child:**

My child will be dropped off each school day at the district assigned bus stop near my home and will be met at that location by _____ (name of person(s) meeting and title (sibling, neighbor)) unless otherwise indicated below.

My child will require regular bus service to a destination other than my child's home bus stop as indicated on the back of this form.

My child will be picked up and dropped off by car each day, and I agree to let the school office know who will be picking up my child.

My child's transportation arrangements will change from day to day. I have completed the schedule on the back of this form. (If any day involves dropping off a child without an adult present at the stop, the parent must sign the Release and Waiver below).

I would like my child to be dropped off by the bus without an adult or sibling present at the stop. This is a waiver of 8080.01-AR and parent must sign Release and Waiver below.

My signature below Section I and II indicates that I have read and understand the policy regarding transportation of kindergarten students and that the above direction is my wish for transporting my child.

Parent's Signature

Date

III. **RELEASE AND WAIVER**

(sign and complete this section only if your child will be unattended at his/her bus, stop see 4th and 5th option listed above)

I request a waiver from the district transportation policy 8080.01 requiring the presence of an adult at my kindergarten student's bus drop off because I have made the arrangements indicated below for my child's safety. Further, I release and hold harmless the school district from any liability for claims or injuries that may result if my child is dropped off at a bus stop without the presence of an adult.

Parent's Signature

Date

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Requested Bus Service Schedule for Kindergarten student other than all home delivery. Please complete each line including home delivery, alternate delivery destination, and the name of person(s) meeting the child.

Monday: AM _____
PM _____

Tuesday: AM _____
PM _____

Wednesday: AM _____
PM _____

Thursday: AM _____
PM _____

Friday: AM _____
PM _____

*If your Kindergarten child needs to ride a bus to a different destination on an occasional basis, a signed note clearly indicating the destination should be submitted to the school office the day the alternate drop off is needed.

Adopted: October 18, 1994
Revised: July 1, 1998
Revised: May 27, 1999
Revised: June 9, 1999
Revised: July 14, 2000
Revised: April 2, 2001
Revised: August 11, 2006