

**CHINO VALLEY UNIFIED SCHOOL DISTRICT**  
Special Education Department – Transportation Department

**STUDENT RELEASE FORM**

Student's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ School Year \_\_\_\_\_

School \_\_\_\_\_ Track \_\_\_\_\_

Special medical conditions that the driver should be aware of:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLEASE CHECK ONE

My child can get off the bus without adult supervision

My child can only be released to the following person/s

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Parent/Guardian's Name (print) \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

This release will be attached to the child's placement paperwork on file at the Transportation Department Office.