

TOLLAND PUBLIC SCHOOLS
BUS STOP RELEASE INFORMATION

BUS NUMBER _____

In order to ensure the safe return of your child from school, please **complete, sign, and return this form to your child's school**. The chosen procedure will also be used for unscheduled early dismissals unless you indicate differently.

CHILD'S NAME _____

Please indicate your preference by checking one of the following procedures:

- I will have a responsible adult present at my child's bus stop when he/she is released from the bus.*

- I would like my child to be released from the bus without a responsible adult present.

If indicated that I will be present at my child's bus stop and I am not, it is understood that my child will be returned to school where I will be requested to pick him/her up.

Your signature of approval

Date signed

*Please list any additional adults to whom your child may be released, if applicable.
