

Release from Responsibility Form Instructions

The attached '*Release from Responsibility*' form must be on file with the Transportation Department prior to bus stop release without a parent or guardian present for any student that receives busing per their Individualized Education Plan (IEP) or Kindergarten students that ride the school bus.

Return completed form to Transportation Services:

- In person at 300 S. Buena Vista, Corona, CA 92883;
OR
- Email to: buspass@cnusd.k12.ca.us

Instrucciones del Formulario de Liberación de Responsabilidad

El formulario adjunto de 'Liberación de responsabilidad' debe estar archivado en el Departamento de Transporte antes de la liberación de la parada del autobús sin un padre o tutor presente para cualquier estudiante que reciba transporte según su Plan de Educación Individualizada (IEP) o estudiantes de Kindergarten que viajan en el autobús escolar.

Devuelva el formulario completo a Servicios de transporte:

- En persona en 300 S. Buena Vista, Corona, CA 92883;
O
- Correo electrónico a: buspass@cnusd.k12.ca.us

**CORONA-NORCO UNIFIED SCHOOL DISTRICT
 BUS TRANSPORTATION RELEASE FORM-OPTION ONE (MET BY A PARENT OR RESPONSIBLE PARTY)**

PLEASE CHECK THE APPROPRIATE ONE: Add Responsible Party Change Responsible Party			BUS ROUTE
STUDENT LAST NAME	NAME	MIDDLE	SCHOOL
HOME ADDRESS – NUMBER & STREET		CITY	ZIP CODE
STUDENT ID#			
HOME PHONE - FATHER	HOME PHONE - MOTHER	WORK/CELL PHONE - FATHER	WORK/CELL PHONE - MOTHER

If I am not at the stop when the school bus arrives after school, MY CHILD MUST BE MET BY

1. RESPONSIBLE PARTY'S FULL NAME (AGE, IF A MINOR)	HOME PHONE	WORK PHONE
HOME ADDRESS - NUMBER & STREET	CITY	RELATIONSHIP TO STUDENT
2. RESPONSIBLE PARTY'S FULL NAME (AGE, IF A MINOR)	HOME PHONE	WORK PHONE
HOME ADDRESS -- NUMBER & STREET	CITY	RELATIONSHIP TO STUDENT
3. RESPONSIBLE PARTY'S FULL NAME (AGE, IF A MINOR)	HOME PHONE	WORK PHONE
HOME ADDRESS -- NUMBER & STREET	CITY	RELATIONSHIP TO STUDENT

HOLD HARMLESS AGREEMENT: I understand if none of the parties listed above are available, my child will be returned to school; I will be responsible for his transportation home. I understand that if my child becomes ill or is injured on the school bus, the District will make reasonable efforts to obtain appropriate medical treatment. I understand that if I object to my child receiving medical treatment other than first aid, I must inform the District of my objection in writing. I understand that this Release may be modified or revoked at any time by written notification, and must be renewed annually. My signature below authorizes the District's transportation contractor to honor the Release.

CUSTODY ISSUES: Absent a copy of a court order, we will assume that both parents have custody of the child. If there are problems of custody which might involve the school district, please give us the necessary information below. Specific custody restrictions must be verified by providing the school a copy of the court order.

() NO CUSTODY ISSUES () COURT ORDER ON FILE AT SCHOOL; RELEASE ONLY TO _____

HEALTH ISSUES: Does your child have any health problems we should be aware of? () NO () YES, AS EXPLAINED BELOW:

() ASTHMA () BEE STING ALLERGY () DIABETES () SEIZURES () OTHER _____

NAME OF PARENT OR GUARDIAN	SIGNATURE	RELATIONSHIP	DATE
NAME OF PARENT OR GUARDIAN	SIGNATURE	RELATIONSHIP	DATE
SIGNATURE OF ADMINISTRATOR (VERIFIES RECEIPT OF COURT ORDER, IF APPLICABLE)			DATE