Release of Kinder Student

Campus Name:	
Student Name:	
Physical Address:	
Route Number:	
Bus Stop:	
Iparent/guardia to the Transportation Department to release my cl, who is an o	_
San Felipe Del Rio-CISD is not responsible for the san older sibling.	tudent once he/she has exited the bus under the care
Parent Name:	_
Parent Signature:	<u> </u>
Telephone Number:	
Campus Administrator Signature:	Date Approved:
Transportation Director Signature:	Date Approved: