

FOR DAYCARE PURPOSE ONLY MUST BE A SET SCHEDULE

BEAVERTON RURAL SCHOOL TRANSPORTATION DEPARTMENT

Bus Waiver Form

Current School Year _____

Name of Child(ren) _____ Teacher _____

_____ Teacher _____

_____ Teacher _____

Home Address _____

City _____ Zip _____ Building(s) _____ Grade(s) _____

Reason for change _____

_____ **AM Pick Up** Mon Tues Wed Thu Fri

_____ **PM Drop Off** Mon Tues Wed Thu Fri

_____ **Half days and Early dismissals**

_____ **Special Instructions** _____

Childcare Provider's Name _____

Childcare Address _____ Phone _____

Effective Date(s) _____

Route # _____ Emblem _____

We the parents assume all responsibility for this transfer and waive any liability or responsibility of the Board of Education of Beaverton Rural Schools due to this change in schedule

Parent Signature _____ (Print Name) _____

Home Phone _____ Work Phone _____ Cell Phone _____

Beaverton Schools Transportation
Phone (989) 435-9474
Fax (989) 435-2054