

FOR DAYCARE PURPOSE ONLY MUST BE A SET SCHEDULE

BEAVERTON RURAL SCHOOL TRANSPORTATION DEPARTMENT

Bus Waiver Form

Date _____

Name of Child(ren) _____

Home Address _____

City _____ Zip _____ Building _____ Grade(s) _____

Reason for change _____

_____ **AM Pick Up** Mon Tues Wed Thu Fri (Circle am days childcare or parent 2 is needed)

_____ **PM Drop Off** Mon Tues Wed Thu Fri (Circle pm days childcare or parent 2 is needed)

_____ **Half days and Early dismissals**

_____ **SPARKS**

Childcare Provider _____

Childcare Address _____ Phone _____

Effective Date _____

Route # _____ Emblem _____

We the parents assume all responsibility for this transfer and waiver 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

