

**TRANSPORTATION DEPARTMENT  
BLACKFOOT SCHOOL DISTRICT NO. 55  
440 WEST JUDICIAL STREET  
BLACKFOOT IDAHO 83221**

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**phone (208) 785-8857  
fax (208) 785-8853**

**PERMISSION TO DROP AM SESSION KINDERGARTEN  
STUDENT(S) OFF WHEN A RESPONSIBLE ADULT IS NOT  
PRESENT FOR THE SCHOOL YEAR \_\_\_\_\_**

I, the undersigned, give my permission for my son/daughter \_\_\_\_\_  
to be dropped off at the designated time and location without a responsible adult being present to  
meet the school bus.

Therefore, I the undersigned parent of said child hereby authorize the bus drivers in the  
Blackfoot School District No. 55 to drop off my child without anyone visibly present. I assume  
full responsibility for his/her welfare and agree to release Blackfoot School District No. 55 from  
any and all liability and I agree further to indemnify and save the Blackfoot School District No.  
55 harmless by reason of action, suit, demand, claim, including legal expense by reason of  
Blackfoot School District's agreement to respect and allow this request.

Name of Parent or Guardian: \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Date \_\_\_\_\_