



## **KISD BUS CHANGE REQUEST AND RELEASE OF LIABILITY**

**KISD Policy allows a parent/guardian to request a bus change under certain conditions.**

- a. A change in bus assignment for day-care purposes may be arranged.
- b. The bus change must be for five (5) days a week.
- c. A parent/guardian may designate a child-care facility or grandparent's residence as the place where the student obtains transportation every day to and from school.
- d. A student may be picked up at his home and delivered to another residential, non-commercial child care individual after school.

**The Director of Transportation, in consultation with the principal, may approve the requested bus change if:**

- 1) Both the parent and the care provider sign the KISD form and submit it to the school principal a minimum of five school days in advance of the bus change
- 2) The care provider has his/her signature notarized.
- 3) The change is in the same attendance zone and on an approved route; with seating availability on the bus.

**If approved, only one additional request to change buses for exceptions may be allowed during the same school year.**

**If you meet the above requirements and wish to request a bus change, please complete the attached form. Each student must have his/her own form. The form is valid for the current school year only.**

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**KISD BUS CHANGE REQUEST AND RELEASE OF LIABILITY VALID FOR THE SCHOOL YEAR 2020-2021 ONLY**

*For parent/guardian to complete: (Please Print)*

Student's name: \_\_\_\_\_ Home address: \_\_\_\_\_

Phone number: \_\_\_\_\_ School Name: \_\_\_\_\_

Grade Level: \_\_\_\_\_

I \_\_\_\_\_, the parent/guardian of \_\_\_\_\_.  
(parent's name) (student's name)

I request a daily bus change for my child for the following reason (*circle a, b, or c from options on guidelines*).

I request that the bus pick up my child from \_\_\_\_\_.  
(Address)

This is the child's (*circle one*) home/ grandparent/ child care facility/ non-commercial child-care residence.

I request that the bus drop my child off at \_\_\_\_\_.  
(Address)

This is the child's (*circle one*) home/grandparent/ child care facility/non-commercial child care residence.

I authorize the place and person(s) I designate above to have the right to provide care and control of my child during the period of possession as designated above. I understand and agree that prior to my child entering the bus before school and once my child is released off the bus after school, KISD and KISD employees will have no responsibility or liability for my child arising out of this request. I expressly release KISD and any and all KISD current and former employees and trustees from any liability prior to my child entering the bus and once my child is released off the bus.

\_\_\_\_\_  
Parent signature Date Contact telephone number

*For grandparent/child-care facility/non-commercial child-care residence to complete: (Please Print)*

I, \_\_\_\_\_, am the (*circle one*) grandparent/owner of child care facility/adult at non- commercial child care residence listed above.  
(name)

I acknowledge that parent/guardian of \_\_\_\_\_ has granted me authority to provide child care to his/her child.  
(name of child)

I agree to provide care and control of the child during the period of possession as designated above. I understand that KISD and KISD employees have no responsibility or liability for the child during my period of possession. This means if I have possession before school, KISD and KISD employees have no responsibility or liability prior to the student entering the bus, and if I have possession after school, KISD and KISD employees have no responsibility or liability after the child exits the bus.

\_\_\_\_\_  
Signature of child care provider\* Date Contact telephone number  
**\*must be notarized**

Subscribed and sworn to before me  
this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission expires:

*For Transportation Use Only:*

Student ID#: \_\_\_\_\_  
AM AM PM PM  
Route#: \_\_\_\_\_ Bus#: \_\_\_\_\_ Route#: \_\_\_\_\_ Bus#: \_\_\_\_\_

AM/ PM/ BOTH: \_\_\_\_\_

Eligible for State Funding: \_\_\_\_\_ Reason if No: \_\_\_\_\_

Approved By  
\_\_\_\_\_  
Start Date  
\_\_\_\_\_