CVUSD CONEO VALLEY UNIFIED ECHOOL DISTINCT

CONEJO VALLEY UNIFIED SCHOOL DISTRICT BUSINESS SERVICES

TRANSPORTATION DEPARTMENT

Release From Responsibility 2023-2024

I request permission for _			
_	(Please Print Fu	(Please Print Full Name of Student)	
to leave the school bus at without being received	_	nce or location (specific address) esponsible person:	
	sibility for the above-	ool District and the transportation named student from the time the cation.	
	for injury, accident	alley Unified School District and t, illness, or death occurring as a d honoring this request.	
Printed Name and Relation	nship of Parent or Lega	al Guardian	
(Parent/Legal Guardi	an Signature)	(Date)	
(Name of Scl	nool)		

This form *expires on August 1* each year, and must be renewed annually. The request may be withdrawn, and the approval revoked at any time upon written notification by parent or legal guardian.