

**BEAVERTON SCHOOLS
TRANSPORTATION DEPARTMENT**

**Bus Waiver Form
FOR DAYCARE PURPOSES ONLY**

School Year _____

Name of Child _____

Home Address _____

(Between what two roads, major landmarks, color of home, style of home, etc.) _____

City _____ Zip _____ Building _____ Grade _____

Effective Date _____ Current Date _____

Reason for change _____

_____AM Pick Up Mon Tues Wed Thur Fri (Circle am days needed for daycare)

_____PM Drop Off Mon Tues Wed Thur Fri (Circle pm days needed for daycare)

_____ Half Days **ONLY**

_____ Sparks **ONLY**

Name of Childcare Provider/ Parent #2 _____

Address _____ Phone _____

Current Date: _____ Effective Date: _____

Route # _____ Emblem _____

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

Parent Signature _____ Print Name _____

Home Phone _____ Cell Phone _____

Work Phone _____ Place of Employment _____

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

For Office Use Only: Childcare Route# _____ Childcare Emblem _____