

**SOUDERTON AREA SCHOOL DISTRICT
P.M. KINDERGARTEN SAFE DROP OFF FORM**



Dear Kindergarten Parent:

Please complete the information requested below and return this form to the school office **after you have received your bus information**. Postcards will be mailed mid August Your cooperation will help us to take extra care of our youngest students. **THANK YOU!**

Child's Name _____

School _____

Bus # _____ **Bus Stop** _____

I will pick-up my child at school. **YES** **NO**

My child walks home from school. **YES** **NO**

Name of person to meet child at bus stop _____

Name of alternate person _____

Name of Older Child on Bus _____

(Kindergarten students will be seated at the front of the bus unless a responsible older sibling or neighbor is identified)

Allow my child to exit the bus even if the person(s) named is not at the stop when the bus arrives. **YES** **NO**

Return my child to school if the person(s) named is not at the stop when the bus arrives. **YES** **NO**

(The principal's office will contact emergency telephone numbers and request arrangements be made for immediate pick-up at school).

In the event that no one is available in the school office, the child will remain on the bus and be returned to the bus company office until the parent is reached at their home number.

SIGNED _____
Parent or Guardian

DATE _____