**HOWELL TOWNSHIP  SCHOOL DISTRICT**
**TRANSPORTATION DEPARTMENT - BUS STOP RELEASE FORM**
**MIDDLE SCHOOL ONLY**
**2023/2024 SCHOOL YEAR**

**Please complete this form if you request your child to be released ONLY if met at their designated bus stop and "Submit "or return to your child's school office.**

BUS STOP PROCEDURES: Bus stops are designed and assigned by the Transportation Department in accordance with Department of Education guidelines and Howell Township School District Board Policy # 8601. It is the general practice of the Transportation Department to permit students of Grades 6 through 8 to leave the school bus at the end of the school day without being met by an adult at the bus stop. If the student's parent or guardian elects to request this protective measure, the District will permit this only upon receipt of this form signed by the legal parent/guardian.  If a completed form is submitted the student must be met by an authorized contract person at the door of the bus or student will be returned to their attending school.  This request will remain in effect unless the transportation department is notified by a statement of cessation submitted by the legal parent/guardian.

IMPORTANT NOTICE: For the 2023-2024 school year, all bus information will be available via the parent portal. This includes estimated times, stops, and bus numbers. Allot 10 minutes both before and after estimated times for all days, regardless of how regular the times become.

**YOU MUST ALLOW UP TO 1 WEEK FOR PROCESSING.**

Date:_____

Student's Name_____ Grade_____

Address_____
                  Street (must be actual street)                City                        Zip Code

Parent/Guardian_____

Phone# Home_____ Work _____Cell _____

**My signature on this release indicates that I have read and understand all criteria that apply to Howell Township School District designated bus stop procedures and my child WILL be met at their bus stop. I understand that the practice of releasing my child to an adult is intended for my child's safety, and that by electing to request this protection I release the District, its employees, agents and representatives from any claims for injury or loss to my child or myself to the maximum extent allowed by law.**

Parent/Guardian Signature_____ Date_____