



Transportation Department
2911 California St
Everett, WA 98201
425-385-4144

Request for Change in Transportation Arrangements and Release from Responsibility

School _____ Route # _____
Student Name _____
Home address of Student _____
City, State, Zipcode _____

(Check applicable item(s) and complete with the appropriate information.)

- ☐ Student is capable of taking care of himself/herself and is to be dropped off without being received by a designated , responsible person. ***Kindergarten and Preschool students are excluded from this drop alone option.***
- ☐ Student is to be released from the bus to person other than parent, legal guardian, or person previously designated. (specify below)

Name	Address	Phone #
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I agree to defend, hold harmless, and indemnify Everett Public Schools and the Transportation contractor from any and all claims for injury or damage to person and/or property which arise out of honoring this request for change in the transportation arrangements for the above named students.

Signature of Parent or Legal Guardian of Student Named above	Date
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This form expires on June 30 every 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 The request may be withdrawn and the approval revoked at any time upon written notification by parent or legal guardian.