

Mathis Independent School District

MR. BENNY P. HERNANDEZ, SUPERINTENDENT

"Building Minds"



NEW DROP OFF REQUEST FORM

Please allow my child _____ to be dropt off at
_____ on _____ for the purpose
of _____

STUDENT'S NAME

PLACE OR ADDRESS

DATE

EXPLANATION

I accept full responsibility for his/her actions or any accidents after he/she leaves the school bus. I will appear in person to pick up _____ at the drop off location.

STUDENT'S NAME

DATE

PARENT SIGNATURE

PRINCIPAL SIGNATURE

TRANSPORTATION DIRECTOR

If a situation should arise, that another adult needs to pick up my son/daughter, I authorize and give my consent for _____ to do so.

I hereby agree to waive all claims and hold harmless the District, its officers and employees from all claims arising from their reliance on this consent form.

PARENT SIGNATURE

RESPONSIBLE PARTY SIGNATURE

***Please note all request should be submitted within 24 hours, or it will not be processed.