

# Alternative Location Drop Off/Pick Up Program

## WAIVER & RELEASE OF ALL CLAIMS

Please read this form carefully and be aware that in signing up and participating in this program you will be waiving and releasing all claims for injuries that might arise out of participation in this program.

The undersigned hereby request(s) that the School District allow the student to participate in the Alternate drop-off/pick up program (the "Program"). Under the Program, the student will be transported daily to and from the alternate drop-off/pick up location, rather than the Student's residence, at the beginning and end of each school day. The undersigned represent(s) and warrant(s) that the student will be met and custody of the Student will be assumed by a responsible adult at the alternative drop-off/pick-up location. The undersigned(s) hereby agree(s) to waive and relinquish all claims the undersigned (s) may have as a result of participating in the Program against the School District, its officers, agents, servants, and employees. The undersigned (s) hereby fully release and discharge the School District, its officers, agents, servants, and employees from any and all claims for injuries, including death, damage, or loss which the undersigned(s) may have or which may accrue on account of participation in the Program. The undersigned(s) hereby fully release and discharge the School District, its officers, agents, servants, and employees from any and all claims for injuries, including death, damage, or loss which the undersigned(s) or the Student may have or which may accrue on account of participation in the program.

## CONDITION OF PARTICIPATION

1. The residence of the child care provider must be within walking distance, with no intervening IDOT safety hazard areas, of the bus route serving the child's school.
2. No deviation shall be required in the established bus routing.
3. Participation shall be contingent upon availability of space on the bus route.
4. Parent(s) or legal guardian(s) must sign above Waiver and Release of All Claims form.
5. Participation in this Program is contingent upon five-days-per-week participation for a minimum period of one semester.
6. Participation in the Program will terminate in the event that any false or misleading information is provided on this form.

I am giving my permission for my child(ren) to ride Valley View School District 365U buses for the school year. I realize my child(ren) must walk to an existing bus stop, and I assume full responsibility for my child(ren) getting to and from the bus stop safely. I am also aware that if my child(ren) misbehave(s), or if space is needed for an eligible bus student, my child(ren) may lose bus riding privileges.

A new request must be submitted at the end of each school year for the next school year.

If you have any questions, please call the Transportation Office at (815) 886-6686.  
The office is open Monday through Friday, from 7:00AM to 4:00PM.

This form must be completed annually along with a copy of driver's license  
or State ID of both the parent and child care provider.

This form is available in English and Spanish on the district website, [www.vvsd.org](http://www.vvsd.org).  
Este formulario está disponible en inglés y español en el sitio web del distrito, [www.vvsd.org](http://www.vvsd.org).



**VALLEY VIEW PUBLIC SCHOOLS COMMUNITY UNIT DISTRICT 365U**  
**Spangler Transportation Center**

# Alternative Location Drop Off/Pick Up Program

STUDENT LAST NAME	STUDENT FIRST NAME	STUDENT ID#
SCHOOL	GRADE	( KINDERGARTEN: <input type="checkbox"/> AM <input type="checkbox"/> PM )
ADDRESS (CITY, STATE, ZIP)		
HOME PHONE	CELL PHONE	WORK PHONE

*I have read and fully understand the Program details and Waiver and Release of All Claims. The undersigned is (are) the parent(s) or legal guardian(s) of the above named students.*

\_\_\_\_\_  
 SIGNATURE OF PARENT/GUARDIAN DATE

**Childcare provider to fill out this section:**

I, \_\_\_\_\_; the undersigned, reside at  
 \_\_\_\_\_ IL \_\_\_\_\_  
 ADDRESS CITY ZIP

\_\_\_\_\_ will be the childcare provider's phone number.  
 PHONE NUMBER

*I have read and fully understand the above Program details and by my signature, swear and affirm that the information stated above is true and correct.*

\_\_\_\_\_  
 SIGNATURE OF CHILDCARE PROVIDER DATE

**FOR OFFICE USE ONLY**

<b>REVIEWED BY TRANSPORTATION DEPT.</b>	DATE	SCHOOL YEAR
	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	INITIALS
<b>INFORMATION FAXED TO SCHOOL</b>	SCHOOL	ROUTE #
PICK-UP TIME	STOP ID #	DRIVER
STOP LOCATION		

Include a copy of driver's license or state ID of both the Parent and child care provider.