



**YALE PUBLIC SCHOOLS TRANSPORTATION DEPARTMENT
District Issued Visual Aide Drop Form**

Student Name _____ Building/Route # _____

Address _____ Phone _____

Yale Public Schools Transportation Department holds safety of the students we transport as our first priority. In order for us to meet this priority, the parents/guardians must assist us in this endeavor. This form is being implemented to help us help you the parents/guardians in meeting your child's/children's needs when a Yale Public School bus returns him/her home from school. It is the district policy that we do not drop K-5 grade students without having a reliable adult visible to the bus driver. We realize some parents/guardians cannot be visible due to unforeseen circumstances. We can accept a "District Issued Visual Aide Drop Form" for these students. This form will work together with smiley face to hang in a visible place so that we may drop off your elementary student/students without having an adult visible to the bus driver. You will be issued a smiley face when this form is completed correctly. It will be your responsibility to hang this smiley face so that it is visible to the bus driver at all times. Students who are given this permission **MUST** be able to enter the residence, as we will not leave a student outside alone.

Parents are responsible to make appropriate arrangements for the care of their child/children before and after school. Yale Public Schools does not assume responsibility for the welfare of students once they are delivered to their bus stop. If the Transportation Department becomes aware that a child/children delivered to their bus stop has been abandoned, i.e. locked out of his/her home, or that the parent/guardian has not made arrangements for the care of their child/children, the guidelines for the district Child Abandonment Policy will be enforced. If the bus driver is concerned with an unsafe situation, the child will not be dropped off.

Please be sure that you complete this form and return it to the Transportation Department by the third Friday in September. Thank you for assisting us in ensuring safety for all students.

Please complete one statement:

I certify that my child/children, _____ **can** be dropped off to his/her residence if the district issued smiley face is visible to the bus driver.

I certify that my child/children, _____ **cannot** be dropped off to our residence **without** an adult being visible to the bus driver.

Please list emergency contacts to leave your child with:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

This permission will be applicable for the **2007 – 2008** school year.

Parent/Guardian Signature Date

Address of Residence

Home Phone Cell Phone Work Phone