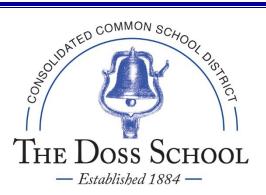


I certify that my child,	
the parent/legal guardian,	
and/or from Doss CCSD with the following approved persons: 1. Name:	
1. Name: Relationship: DL#: State DL Issued: DL on File: (Must provide a copy of the person's Driver's License if not already on file Vehicle: (Make/Model/Colo Licence Plate#: Relationship: 2. Name: Relationship: DL#: State DL Issued: DL on File: (Must provide a copy of the person's Driver's License if not already on file Vehicle: (Make/Model/Colo Licence Plate#: (Make/Model/Colo State DL Issued: (Make/Model/Colo Licence Plate#: DL on File: 3. Name: Relationship: DL#: State DL Issued: DL on File: (Must provide a copy of the person's Driver's License if not already on file Vehicle: DL on File: (Must provide a copy of the person's Driver's License if not already on file Vehicle: (Make/Model/Colo Licence Plate#: (Make/Model/Colo Licence Plate#: Relationship: 4. Name: Relationship:	ported to
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Vehicle: (Make/Model/Colo Licence Plate#:	
Licence Plate#: 3. Name:Relationship: DL#:State DL Issued:DL on File: (Must provide a copy of the person's Driver's License if not already on file Vehicle:(Make/Model/Colo Licence Plate#: 4. Name:	•
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Vehicle:(Make/Model/Colo Licence Plate#: 4. Name: Relationship:	
Licence Plate#: 4. Name: Relationship:	
4. Name: Relationship:	r)
4. Name: Relationship:	
4. Name	
DL#:State DL Issued:DL on File:	
(Must provide a copy of the person's Driver's License if not already on file	
Vehicle:(Make/Model/Colo	
Licence Plate#:	



Please briefly describe the transportation arrangements and/or the reason that the student is unable to ride the bus:

I agree to release Doss CCSD, Doss CCSD's employees, and agents of Doss CCSD from and against any and all liability, loss, damages, injury, claims, or actions resulting from such arranged transportation.

Student's Name

Date of Birth

Parent/Legal Guardian (please print)

Signature of Parent/Legal Guardian

Date