



**ALTERNATIVE ADDRESS
LIABILITY WAIVER & RELEASE FORM**

NOTE: This form needs to be completed and returned only if your child/ren’s pick-up and/or drop-off location is different from your home address. There will be only one alternate address allowed in addition to the child/ren’s home address, and the use of the alternative address must follow a consistent schedule. Approval for an alternative address may be withdrawn if at any time an alternative address is deemed by the Director of Pupil Services, in consultation with the child’s school principal and/or the School Resource Officer (SRO) to not be in the best interest of a child. Additionally, approval may be withdrawn by the Business Manager, in consultation with the bus company, after determining it is in the District's best interest to reduce the number or length of bus routes. Parents may appeal best interest decisions to the Superintendent, whose decision will be final. Completed forms should be submitted to Kristi Schmitt at the District Office at schmittk@ripon.k12.wi.us.

Student Name: _____ School: _____ Grade: _____

Home Address: _____ Parent Name: _____

Parent Home Phone Number: _____ Parent Cell Phone Number: _____

PICK-UP:

DROP-OFF:

(Bus # _____ Office Use)

(Bus # _____ Office Use)

Name of Adult at Address: _____ Name of Adult at Address: _____

Address: _____ Address: _____

Phone Number: _____ Phone Number: _____

Start Date: _____ Start Date: _____

Notes: _____ Notes: _____

Parents must complete this form to request an alternative address for their child’s bus picked-up or dropped-off location .

By signing below and in consideration for the bus being allowed to drop-off or pick-up my child, I agree to assume all risks and responsibilities related to the safety and well being of our child while at the above address. I agree to indemnify and hold Ripon Area School District, the Board of Education, and its employees, officers, coaches, volunteers, agents, and representatives harmless from all claims and damages resulting from or relating to any accident or injury arising from my child being dropped-off at or picked-up from the address above. I further agree that my child is not in the care, custody, and/or control of the Ripon Area School District while at the above residence.

Parent/ Name: _____ Parent/Signature: _____ Date: _____

Transportation Office Use Only

Request is:
Approved District Business Specialist Signature/Date: _____
Director of Pupil Services Signature/Date: _____
Denied Bus Terminal Manager Signature/Date: _____