



Supervision waiver

This form must be filled out every school year and filled out completely for us to proceed. Please allow 48 hours after submitting form for the change to be implemented.

Student's Name _____

Student's Grade _____

Parent contact information: Name_____ Phone_____

Email_____

BY SIGNING THIS DOCUMENT, I AM GIVING DENTON ISD TRANSPORTATION PERMISSION TO DROP THE ABOVE STUDENT OFF WITHOUT A PARENT/GUARDIAN TO RECEIVE THEM AT THE BUS STOP. THIS ONLY PERTAINS TO REGULAR EDUCATION BUSES. THIS FORM WILL EXPIRE ON THE LAST DAY OF THE SCHOOL YEAR.

Parent Signature _____

Date _____