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BUS USAGE & AFTERNOON DROP-OFF AUTHORIZATION FOR _____

(Child(ren)'s Name(s))

MORNING PICK-UP BUS STOP: _____ **M T W TH F N/A**

AFTERNOON OPTION ONE

____ I authorize Chrysalis Charter School to drop my child(ren) off at the _____ bus stop no matter what*. If I or other members of my family or community are not there on time, My child(ren) shall still be dropped off to either **wait or walk home on their own.**

**If the driver decides there is something specific to that day that suggests this might not be safe, we reserve the right to keep the child(ren) on the bus and continue on the route. In this circumstance, the bus driver will notify the school and we will attempt to notify you as soon as possible.*

AFTERNOON OPTION TWO

____ My child(ren) shall be dropped off at the _____ bus stop **ONLY IF** one of the **people designated** below are **present to pick them up.** If I check this option, I am also agreeing that if one of us is not at the bus stop on time, the bus will not wait but will continue on with its route and it will be our responsibility to drive to another bus stop along the line to pick up our child (Lake Blvd. at 4:00PM(2:45 on Tuesdays), the bus will drive my child(ren) back to Chrysalis and it will be our responsibility to drive out to Chrysalis to pick them up and to also reimburse Chrysalis \$50 for the driver's overtime wages and bus mileage expenses.

List of designated pick-up people (If we are not familiar with some of these designated people, we reserve the right to not release your child(ren) to them until they show us photo ID.)

____ I agree _____
(Print name) (Signature)
CONTACT PHONE _____

____ I agree _____
(Print name) (Signature)
CONTACT PHONE _____

____ I agree _____
(Print name) (Signature)
CONTACT PHONE _____

We recommend that parents at specific bus stops make agreements among yourselves to be a designated pick-up person for each other and exchange cell phone numbers to facilitate this in case a person is running late. If possible, have more than one such person just in case the children of one of them, is sick and so not riding the bus that day.

For all students: students will be dropped off at a different bus stop only if they have written permission signed by their parent/guardian or a school administrator specifying the date and alternative bus stop. **“Contact the school office regarding bus usage changes.”**

____ My child(ren) will always ride the bus home on **M T W TH F** unless I notify the **School Office** differently.
____ My child(ren) will **only ride** the bus home **when I notify** the **School Office.**

Parent/Guardian Signature _____ Date _____