

LOS ANGELES UNIFIED SCHOOL DISTRICT
Business Services Administration – Transportation Branch

DUAL STOP REQUEST FORM

RELEASE OF RESPONSIBILITY FOR LOS ANGELES UNIFIED SCHOOL DISTRICT TO
PICK UP/DELIVER STUDENT AT A STOP OTHER THAN THE REGULARLY ASSIGNED STOP

TO: _____ (PRINCIPAL) _____ (RECEIVING SCHOOL)

I, _____ (PARENT OR GUARDIAN), agree to hold harmless and indemnify the Los Angeles Unified School District, and its officers, employees or anyone acting for the District, legally, financially or otherwise as against all injury or other damage incurred by me or my child as a result of the District permitting my child.

_____ I.D.# _____
(STUDENT'S NAME)

to board the school bus at _____ PICKUP LOCATION

Route# _____, Time: _____, A.M. and/or leave the bus at
_____, Route# _____, Time: _____ P.M.
(DROPOFF LOCATION)

Effective ____/____/____ through ____/____/____
DATE DATE

This dual stop will be used on the following days (e.g., 1st / 3rd Wed. or Mon./Thurs. only etc.)

_____ Day(s) of week assigned

With this request, I confirm that my child does not require extra supervision at the dual stop location. I take full responsibility for my child's safety before he/she boards the bus and after he/she leave the bus at the dual stop location.

This request is made with my agreement to the conditions stated above and my understanding that the District is not obligated to provide a dual stop for my child and that such dual stop is an exception to the rule of having a single regularly assigned stop for each student.

_____ Date: _____
(SIGNATURE OF PARENT OR GUARDIAN)

_____ Date: _____
(PRINCIPAL'S SIGNATURE)

Distribution: Original/Principal – Canary/Dispatch – Pink/ABS – Goldenrod/Parent
FORM 78:223A