

Azle I.S.D. Transportation

Supervision Waiver 2025 - 2026

Students Name:	
Students Grade:	DOB:
Campus:	
By Signing this document, you are giving permission to drop the above student of them at the bus stop. This only pertains must be returned completely filled out at This form will expire on the last day of the	f: without a parent to receive to regular ed buses. This form nd signed to be processed.
Legal Guardian's Signature: Legal Guardian's Phone Number: Date://	

Please return this form to your student's campus, bus driver or directly to Transportation. Please allow 72 hours after submitting the form for change to be implemented.