Washington School for the Deaf
SERVING DEAF AND HARD OF HEARING CHILDREN
THROUGHOUT THE STATE OF WASHINGTON
611 Grand Blvd, S-26
Vancouver WA 98661-4918
(360) 696-6525 / (800) 613-4228
www.wsd.wa.gov

Transportation Secretary
(360) 696-6525 ext 4361
Pager: (360) 408-3950
Fax: (360) 418-4358
transportation@wsd.wa.gov

TRAVEL RELEASE FORM

Deadline for the Weeks Acceptance: Every Tuesday 5PM

I hereby release the State of Washington, Washington School for the Deaf, and any of its employees from the obligation of transportation for my child **(name):**_____ on the following dates. I understand WSD will not be responsible for supervision of my child after he/she leaves the premises and until he/she returns to the campus.

My child will depart _____on _____ at _____.
(Place) (Date) (Time)

To be returned to _____ on _____ at _____.
(Place @ school) (Date) (Time)

Family member/friends/supervisor responsible for pick up and drop off:

_____

Address and Telephone number of designated family member/friend/supervisor:

_____

I hereby release the Washington School for the Deaf from the responsibility of the supervision of my child at this designated time until the time of the return to WSD.

I release the State of Washington, Washington State School for the Deaf and it's employees from the obligation of transportation on the above stated weekends.

I understand that on all other weekends, the student will be transported via their regular, designated transportation plan (bus/plane/van).

PARENTS SIGNATURE: _____ DATE: _____