



**David Douglas School District**

*Learn – Grow – Thrive*

Transportation Department  
2900 SE 122nd Ave.  
Portland, OR 97236  
Phone: 503.256.6526  
Fax: 503.256.6518

## **DDSD Bus Pass Program Electronic Tracking Opt Out Form**

David Douglas School District has implemented a Bus Pass Program for students who ride district buses to and from school. It utilizes a passive Radio Frequency Identification Device (RFID) badge attached to a student’s backpack or a lanyard which communicates with a scanner located on the bus. This system allows Transportation Services and parents (through the use of a secure App) to know when and where each student enters and exits the bus on their assigned route. David Douglas School District provides this service at no cost.

The badge will serve as a bus pass for students using district provided transportation services. However, in accordance with [OAR 581-021-0505](#), parents as well as students age 14 and older have the option to opt out of the electronic tracking capabilities of the Bus Pass Program. It is important to note that students who opt out of the electronic tracking portion of the program still need to use their bus pass to get on a district school bus.

If you **do not** want your student(s) to participate in the electronic tracking portion of the Bus Pass Program, complete and return this form to your student’s school or to the Transportation Services office. Please see the address above.

If you have questions about this form, the Bus Pass Program or the tracking capabilities, please contact the Transportation Services Department at (503) 256-6526 or [schoolbus@ddsd40.org](mailto:schoolbus@ddsd40.org).

***Please note that you will need to complete one opt out form for each school your students attend.***

I, \_\_\_\_\_, as parent or legal guardian of the following student(s), **do not** want my child(ren) to participate in the Bus Pass Program.

Name of Child(ren) \_\_\_\_\_

School Attending \_\_\_\_\_ Student ID Number(s) \_\_\_\_\_  
*(Separate form needed for each school)*

Signature of Parent of Guardian \_\_\_\_\_ Date \_\_\_\_\_

Contact Phone \_\_\_\_\_ Contact Email Address \_\_\_\_\_

Reason for Opting Out of the Bus Pass Program *(Optional)* \_\_\_\_\_