

THOMPSON PUBLIC SCHOOLS TRAVEL RELEASE

PLEASE NOTE: THIS FORM MUST BE APPROVED PRIOR TO THE DISMISSAL OF SCHOOL ON THE DAY BEFORE THE ACTIVITY / EVENT.

Date: _____ (mm/dd/yyyy) Student Name: _____

Activity: _____

Name of the person who is transporting the student? _____

The student will be transported: To the activity _____ From the activity _____

Reason for Not Riding Bus:

Parent / Guardian: _____ (please print)

Signature: _____

By submitting this form, I certify that I or the individual designated above will personally transport the above named student. I understand that Thompson Public Schools normally require that students ride the bus to and from all events and a departure from this requirement will release Thompson Public Schools from all liability for any adverse results that may occur. I agree to release Thompson Public Schools and its employees and officers from all liability with reference to the above stated transportation.

Approved By: _____

Date: _____