



**LITTLE CHUTE AREA SCHOOL DISTRICT
IS/MS/HS
TRAVEL RELEASE FORM**

DATE: _____

This is to certify that _____ has my permission to
(Student Name)

ride: To _____, From _____, or Both To and From _____ the following activity:

_____ on _____ at _____.
(Event) (Date) (Location)

I understand that I may only transport **my own child** unless permission has been granted by IS/MS/HS Administration prior to the event.

The reason for not riding the bus is: _____

I understand that the Little Chute Area School District and Extra-Curricular rules require all students to ride the bus to and from all events and a departure from this requirement will release Little Chute Area School District from all liability and from any adverse results that may occur.

I agree to release the Little Chute Area School District and its employees and officers from all liability with reference to the above stated transportation.

Signature of Parent/Guardian

Date