

MIDD-WEST SCHOOL DISTRICT

REQUEST TO TRANSPORT STUDENTS TO OR FROM CO-CURRICULAR ACTIVITIES

Name of Co-curricular/Extra-curricular Activity

Date of Activity

Transportation Provided by Parent or Guardian.

I assume responsibility for transporting (Name of Student) _____
() to and/or () from (*check one or both*) the scheduled activity as indicated above. I agree to
hold harmless the Midd-West School District of all liability and legal responsibility associated with
the transportation which I as a parent provide.

Signature of Parent and/or Guardian

Date

Transportation Provided by Other Adult

I give my permission for (Name of Student) _____ to be
transported () to and/or () from (*check one or both*) the scheduled activity as indicated above.
Transportation will be provided by _____ (*Name of*
Adult who will provide transportation). I agree to hold harmless the Midd-West School District of
all liability and legal responsibility associated with the transportation provided by the individual indicated.

Signature of Parent and/or Guardian

Date

I agree to transport (Name of Student) _____ () to
and/or () from (*check one or both*) the scheduled activity as indicated above. I agree to assume all
liabilities and legal responsibilities associated with the transportation of the individual indicated.

Signature of Adult Providing Transportation

Date

DISTRICT USE ONLY

Coach/Director

Principal or Designee

Approved: _____

Approved: _____

Date: _____

Date: _____