

SHAKOPEE HIGH SCHOOL

ACTIVITIES OFFICE

ALTERNATE TRANSPORTATION REQUEST

Name of Student: _____ has my permission to ride home with

Name of Parent/Guardian: _____

This request is for: _____

(List specific event and date)

I will assume all responsibility and will not hold Shakopee Public Schools liable for any accident or injury that may incur while transporting my son/daughter from this activity.

(Signature of Parent/Guardian)

(Activities Director)

Date: _____

This form must be turned into the Activities Office on or before the day of the event

Student(s) and the parent/guardian who is driving must receive a visual and verbal recognition from the coach/director before student(s) will be allowed to leave event.

White copy to coach/director