

# THE BRONXVILLE PUBLIC SCHOOL TRANSPORTATION RELEASE FORM

**This form must be properly completed, signed and returned to The District's coach or supervising employee prior to or at the extracurricular activity in order to obtain the release of a child from the transportation provided back from the site by The District. A new form must be completed each time the release of a child is sought from the return transportation provided by the District.**

I, \_\_\_\_\_ request that The District release my child  
Name of Parent/Legal Guardian

\_\_\_\_\_, into my custody/the custody of a third party at  
Name of Student (choose only one option)

the conclusion of the extracurricular activity listed below. My child does not need return transportation from The District. The applicable information is as follows:

### Extracurricular Athletic Activity

\_\_\_\_\_  
*Identify Athletic Competition, Sport or Event*

\_\_\_\_\_  
*Location of the Activity*

\_\_\_\_\_  
*Date of Activity*

### Third Party Information (If applicable)

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Relationship to Child*

\_\_\_\_\_  
*3<sup>rd</sup> Party Address*

\_\_\_\_\_  
*Telephone & Cell Numbers*

I assume full responsibility for bringing my child home or authorizing his or her transportation back from the site of the extracurricular activity with the above third party. I authorize this alternative form of return transportation and release The District from any liability which may be incurred through this alternative form of return transportation. I understand that under no circumstances will the District release my child to anyone other than the person named on this form.

\_\_\_\_\_  
*Printed Name of Parent/Legal Guardian*

\_\_\_\_\_  
*Signature of Parent/Legal Guardian*

\_\_\_\_\_  
*Today's Date*

**THE BRONXVILLE PUBLIC SCHOOL**  
**SCHOOL EVENT RELEASE FORM**

**This form must be properly completed, signed and returned to The District's coach or supervising employee prior to or at the extracurricular activity in order to obtain the release of a child from the transportation provided back from the site by The District. A new form must be completed each time the release of a child is sought from the return transportation provided by the District.**

I, \_\_\_\_\_ request that The District release my child  
Name of Parent/Legal Guardian

\_\_\_\_\_, into my custody/the custody of a third party at  
Name of Student (choose only one option)

the conclusion of the extracurricular activity listed below. My child does not need return transportation from The District. The applicable information is as follows:

**Extracurricular Athletic Activity**

\_\_\_\_\_  
*Identify Athletic Competition, Sport or Event*

\_\_\_\_\_  
*Location of the Activity*

\_\_\_\_\_  
*Date of Activity*

**Third Party Information**  
*(If applicable)*

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Relationship to Child*

\_\_\_\_\_  
*3<sup>rd</sup> Party Address*

\_\_\_\_\_  
*Telephone & Cell Numbers*

I assume full responsibility for bringing my child home or authorizing his or her transportation back from the site of the extracurricular activity with the above third party. I authorize this alternative form of return transportation and release The District from any liability which may be incurred through this alternative form of return transportation. I understand that under no circumstances will the District release my child to anyone other than the person named on this form.

\_\_\_\_\_  
*Printed Name of Parent/Legal Guardian*

\_\_\_\_\_  
*Signature of Parent/Legal Guardian*

\_\_\_\_\_  
*Today's Date*