



# Inter-Lakes Middle/High School

1 Laker Lane Meredith NH 03253 tel: 603-279-6162 fax: 603-279-5302

## Student Provided Transportation School Sponsored Experiences

Name of Student: \_\_\_\_\_

Activity: \_\_\_\_\_

Dates of Activity: \_\_\_\_\_ TO \_\_\_\_\_

Person Providing Transportation: \_\_\_\_\_

\_\_\_\_\_  
Parent / Guardian(s) Signature

\_\_\_\_\_  
Principal and/or Designee Signature

Parent/Guardian(s) permission releases the District from all responsibility and liability including supervisory responsibility while the student is driving to and from the activity. A copy of proof of insurance must accompany this form. *(Please refer to Inter-Lakes School Board Policy #6152, Transporting Students.)*

**\*\*\*\*A COPY OF PROOF OF INSURANCE MUST ACCOMPANY THIS FORM\*\*\*\***

\_\_\_\_\_  
*Dr. Amanda Downing*  
Principal

\_\_\_\_\_  
*Charles Femia, M.Ed*  
Dean of Students & Operations

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*Linda Otten, CAGS*  
K-12 Dean of Learning

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*Holly Vieten, M.S, CAGS*  
Director of Guidance