

Plattsmouth Community Schools

REQUEST FOR ALTERNATE TRANSPORTATION

Name of Student: _____
Activity: _____
Date of Event: _____

I request that my child (named above) not be required to ride on the team bus/van:

- to the event
- on return from the event
- both to and on return from the event

The reason(s) for my request is/are: _____

The alternate transportation will be (name of person who will be driving the student):

I agree that if this request is granted, the school and school officials will have no liability or responsibility for injury or damage that may occur related to the alternate transportation. I also acknowledge, if applicable, that I have received a copy of and understand State Statute 60-4, 124 regarding School Permits and traveling to school-related activities.

Signature of Parent/Guardian

Date

Signature of Head Sponsor

Date

Signature of Activities Director

Date

The request is recommended by the Activities Director for: ____ approval ____ denial.

***This form should be initially given to the Activities Director no later than 2 days prior to the event.**