



# GIBBSBORO ELEMENTARY SCHOOL DISTRICT

Grades PS through 8

Mr. Jack Marcellus  
Principal/Superintendent  
jmarcellus@gibbsboroschool.org

Mrs. Barri E. Veytsman  
Supervisor of Special Services/School Psychologist  
bveytsman@gibbsboroschool.org

## Travel Liability Form

**\*Please read thoroughly before signing\***

All students who ride the District designated transportation for athletic events and field trips generally are expected to return home via the same mode of transportation. However, parents who follow the bus may desire for their child to return home with them in their private vehicle.

If a parent desires to transport his/her child back to home in a private vehicle, please note the following:

- Once the parent removes his/her child from the District-sponsored bus, Gibbsboro School District is no longer responsible for the student's supervision.
- Once the parent removes his/her child from the District-sponsored bus, the parent assumes full responsibility for the child's supervision.
- Once the student is no longer the responsibility of Gibbsboro School District personnel, the parent of the privately owned automobile assumes all responsibility for the transportation of the student.

**Please complete the following:**

**Students Name:** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Teacher/Coach:** \_\_\_\_\_

**Event/Field Trip/Sport:** \_\_\_\_\_ **Date of Event:** \_\_\_\_\_

I have carefully read this Travel Liability Form to acknowledge that I understand it. My child will return with his/her parent. I understand once I remove my child from the District-sponsored bus, I am assuming all responsibility for my child's supervision and transportation. I understand this form supersedes any verbal or previous written request in regards to my child's mode of transportation.

\_\_\_\_\_  
**Parent/Guardian Name (Please Print)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Superintendent Signature of Approval**

*Together Everyone Achieves More*