



SCHOOL DISTRICT OF JEFFERSON

STUDENT TRAVEL RELEASE FORM

SCHOOL: _____

SCHOOL YEAR: _____

DATE: _____

This is to certify that _____ has my permission to ride
(Student Name)

(to - from) the _____ on _____. I certify
(School Event or Athletic Contest) (Month / Day / Year)

that I am personally transporting the above named student, or have arranged for transportation with an adult
(non-student) _____ for this student.
(Print name of person transporting student)

I understand that the School District's policy requires students to ride the bus to and from all athletic events and a departure from this requirement will release the School District of Jefferson from any and all liability for any adverse results that may occur.

I agree to release the School District of Jefferson and its employees and officers from any and all liability with reference to the above stated transportation.

***THIS FORM MUST BE TURNED IN TO THE
SCHOOL OFFICE THE DAY BEFORE THE EVENT. THANK YOU!***

SIGNED: _____ (PARENT / GUARDIAN)

SIGNED: _____ (PRINCIPAL / ATHLETIC DIRECTOR)

_____ *Copy provided to coach (if applicable)*