

Appleton Area School District

STUDENT TRAVEL RELEASE FORM



APPLETON AREA
SCHOOL DISTRICT

This is to certify that _____ will be (transported/driving)
(Student's Name)

in a private vehicle (TO – FROM – BOTH) the _____
(School Activity)

on _____, at _____
(Date/Time of Activity) (Location of Activity)

OR my student will be driving between school district buildings during the school day, _____
(Site)

and _____ for the period of: _____
(Site) (Dates)

My child will be transported by:

☐ parent/guardian signing this form.

☐ I give _____, permission to transport my child.
(Signature required below)

The reason for this request is the following:

I understand that the Appleton Area School District policy requires that all students ride on district-supplied transportation when provided to and from activities that involve the Appleton Area School District students and are a part of the Appleton Area School District program. By completing this form, I certify that I understand that neither the district nor the school is responsible for any injuries or losses that may result from non-district/school transportation, and hereby hold harmless, release, and discharge any claims, actions or causes of action of any nature against the Appleton Area School District, and its employees and officers from all liability for any adverse results that may occur as a result of private transportation, including but not limited to personal injury, property damage, or wrongful death that may have arisen in connection with said travel. I further certify that transportation that I do provide or have provided in lieu of school district/school provided transportation will be made in accordance with all laws including having in place appropriate insurance coverage for such transportation.

This form must be on file in the students school office prior to the activity.

(Signature of Parent/Guardian*) Date

(Signature of Advisor/Coach)

Date

*By signing this form, I acknowledge that I have adequate insurance and I or my student, if driving, holds a valid WI Driver's License.

Signature of individual transporting student required below (if other than parent/guardian).
I certify that I will personally transport the above named student.

Name _____ **Signature*** _____ **Date:** _____

*By signing this form, I acknowledge that I have adequate insurance and I or my student, if driving, holds a valid WI Driver's License.

ADMINISTRATIVE APPROVAL: GRANTED ____ DENIED ____

(Signature of Administrator)

Date