

R-7 Travel Release Request Parent Transportation and Agreement Form

This form must be submitted at Least one day prior to the event.

DATE OF ACTIVITY TRIP: _____

This is to certify that _____ has my permission to ride/drive self
(NAME OF STUDENT)

(TO - FROM - BOTH) the _____
(SPORT OR ACTIVITY)

I certify that I am personally transporting my student, or have arranged for transportation with an adult (non-student) of my choosing for this student. A student driving oneself must be the only person (the driver) in the car. **Students cannot drive other students or ride with other students.** I agree to follow all applicable district policies, administrative procedures, school rules and the rules of any sponsoring or host organization. I understand that the R-7 board requires that any student leaving with the group on a trip must also return with the group, unless prior arrangements have been made with a parent for the parent to transport their student.

I understand and agree that in the event that district participation in a field trip, excursion or other off-campus school-sponsored activity is canceled due to inclement weather, illness of a sponsor or other reason, any continued participation by district students is not authorized or sanctioned in any way by the district contrary to district policy, is at the sole risk of the student, and may jeopardize such student's eligibility to engage in further participation in the activity.

The reason for **not** riding the bus is: _____

(REASON MUST BE AN URGENT FAMILY NEED TO JUSTIFY NOT RIDING THE BUS)

- I (**will—will not**) transport my student from the above-mentioned school-related student trip. (CIRCLE)

I understand that if I have not picked up my student by the time the group is scheduled to depart, my student **must** return with the group.

- I (**do—do not**) give my permission for my student to drive himself/herself to the above-mentioned school-related student trip. (CIRCLE)

Signature of Student _____ Date _____

Signature of Parent/Guardian _____ Date _____

Emergency Contact Number _____

Approved—Not Approved (circle)

Signature of Administration _____ Date _____