



MEQUON-THIENSVILLE SCHOOL DISTRICT

CITY OF MEQUON AND VILLAGE OF THIENSVILLE

5000 W. MEQUON ROAD

MEQUON, WI 53092

PHONE (262) 238-8504 - FAX (262) 238-8520

WWW.MTSD.K12.WI.US

MEQUON-THIENSVILLE SCHOOL DISTRICT TRAVEL RELEASE FORM

DATE _____

This is to certify that _____ has my
(Student's Name)

permission to ride (to-from-both) the _____
(Activity/Sport)

on _____, 20_____
(Date)

at _____
(Location of Event)

I certify that I am personally transporting the above named student, or have arranged for transportation with an adult (non-MTSD) student) of my choosing for this student.

The reason for not riding the bus is _____

(Reason must be sufficiently urgent to family needs to justify not riding the bus.)

I understand that the Mequon-Thiensville School District Activity Rules require that students ride the provided transportation to and from all activities and a departure from this requirement will release the Mequon-Thiensville School District from all liability for any adverse results that may occur.

I agree to release the Mequon-Thiensville School District and its employees and officers from all liability with reference to the above stated transportation.

This form must be signed by the parent or guardian and the coach or activities director and will serve for only the dates and contests listed.

Signature of Parent/Guardian

Date

Name of Approved Driver (Relationship)

Approved – Not Approved

Signature of Coach or Athletic Director