



EAST TROY

COMMUNITY SCHOOL DISTRICT

Committed to the Growth & Success of Each Student, Each Year

TRAVEL RELEASE

This is to certify that the student named requests permission to be transported from the event/location listed in transportation other than school transportation.

Student Name: _____

Event Date: _____

Event: _____

Location: _____

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

- I understand that the East Troy School Board Policy requires that all students ride school transportation to and from event, and a departure from this requirement will release the East Troy School District from the liability for any adverse results that may occur.

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

Name of person who will be transporting: _____

Parent/Guardian Signature: _____

Date: _____

Administrator Signature: _____

Date: _____

This form must be on file with the school district prior to 2:00 pm on the day of the event.

Fax to:

East Troy High School - (262) 642-6776

East Troy Middle School - (262) 642-6743