HIGHLAND HIGH SCHOOL

STUDENT BUS/VAN WAIVER -OFFICE COPY

NOTE: This form is to be completed, signed and returned to the Athletics/Activities Office for Administrative approval. One copy will stay in the Athletics/Activities Office and one copy will be returned to the coach.

I fully understand that Parent/Guardian permission must be given, IN WRITING, 24 hours or one school day prior to a student being allowed to participate in any school trip. A student will only be released from a school trip to their own *parent or legal guardian*. Written release from parent/guardian must be on file in order for parent/guardian to pick up the student at any away school activity. If parent/guardian cannot pick up the student as planned, the student **MUST** return home on the school's transportation.

I request permission for my son/dau	ighter.				
	PRINT Student's Name		I.D. Number	Date of Birth	
To leave from	or with		00	t 11	
To leave from(Location or ALL, if seas	onal) (Name	of Sport or group)	_ OII(Da	or for the	
entire season(s) of(School Year)	Thereby authorize	(PRINT Name of Authoriz	red Adult)	(Relationship to student)	
By this request, I assume full respectively personnel					
school's personnel.	is my olddone and	being released to r	ne or the above	named authorized adult	by the
Parent/Guardian Signature:		D	ate:		
Coach/Advisor Signature:					
Administrator's Signature:			ate:		
	HIGHLAND I	HIGH SCH	OOL		
	TUDENT BUS/VAN WAIV	ER – <i>COACH/ADV</i>	ISOR COPY		
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I fully understand that Parent/Guard allowed to participate in any school t release from parent/guardian must					
release from parent/guardian must parent/guardian cannot pick up the s					ty. If
I request permission for my son/daug	ihter			•	
l request permission for my son/daug	PRINT Student's Name		I.D. Number	Date of Birth	
			on		
To leave from(Location or ALL, if season	nal) (Name of	f Sport or group)	(Date	or for the	
entire season(s) of	. I hereby authorize				
entire season(s) of(School Year)	(F	PRINT Name of Authorized	Adult) (Relationsh	ip to student)	
By this request, I assume full respondence of the section of the s	onsibility for my student after	being released to m	e or the above	named authorized adult b	y the
Parent/Guardian Signature:		Da	te:		
Coach/Advisor Signature:				*	
Administrator's Signature					