



**Transportation of Students  
In Non-District Owned Vehicles**

**CONSENT TO TRANSPORT**

It is the school district's expectation that students will utilize school provided transportation when it is provided. Parents may request that their student be excused from using school district transportation to travel with them, although not encouraged, as students are expected to travel as a team. Please complete this form if you wish to authorize an alternate form of transportation for your student for travel to/from athletic/activity events.

**Section A**

**To Be Completed By Parent/Guardian:**

My child \_\_\_\_\_ as a part of \_\_\_\_\_ has consent to travel to and from athletic/activity event(s)  
(Student Name) (Activity/Sport).  
by means of an alternate vehicle as designated below. This consent is given for the date of \_\_\_\_\_ (enter date if for a single occurrence) **OR** for the length of the entire season Not Applicable (initial here for this option).

\_\_\_\_\_ **By Parents/Guardians Only (Skip to Section C)**

A form is needed for each individual date, allowing us to better track 270 students on seven buses. Thank you!

\_\_\_\_\_ **By Parents/Guardians and/or other designated driver (Other designated driver must complete Section B and back of this form, and submit required documents prior to providing transportation)**

**Section B**

**To Be Completed By Other Designated Driver (must be at least 18 years of age):**

I agree to provide transportation for student listed above for the activity listed above at any point during that activity or athletic season.

_____	_____	_____
(Driver)	(Relation to Student)	(Signature of driver)
_____	_____	_____
(Driver)	(Relation to Student)	(Signature of driver)
_____	_____	_____
(Driver)	(Relation to Student)	(Signature of driver)

**Section C**

**To Be Completed By Parent/Guardian:**

Consent and permission is given for my child \_\_\_\_\_ (Student Name) to be privately transported by means designated above.

If needed, I hereby grant permission for the medical facility treating my child to release the name and condition of my child to the superintendent or designee of the Greendale School District, for the purpose of communication with myself as to location and condition of my child.

_____	_____	_____
Name of Parent/Guardian	Signature of Parent/Guardian	Date

Please return this form to the coach or activity supervisor so they can keep it on file at the events.