

**REGIONAL SCHOOL DISTRICT NO. 17  
PARENT REQUEST FOR TRANSPORTATION  
BY ANOTHER PARTY**

Name of Student: \_\_\_\_\_ Date(s): \_\_\_\_\_

Activity \_\_\_\_\_  
(The activity may be a one time event or for the duration of the activity)

Name of the family member or parent of another student \_\_\_\_\_

Signature of the family member or parent of another student \_\_\_\_\_

I am requesting that the school allow the identified family member or parent of another student to pick up my child from the above school activity. I understand that I am accepting full responsibility and liability for the above transportation. At the time of pick up, the family member or parent of another student will show identification and sign the log indicating that he/she has taken my child from the event.

\_\_\_\_\_  
Signature of Parent/Guardian

APPROVAL: \_\_\_\_\_  
Signature of Principal or designee

DATE \_\_\_\_\_

Only when the parent, the identified family member or parent of another student and the principal (or his/her designee) have signed this form will the above be allowed to pick up the student from the activity.

**Identification is required.**

**THIS FORM MUST BE SIGNED AND DATED EACH TIME A PARENT TRANSPORTS A STUDENT**

DATE	SIGNATURE OF PERSON PROVIDING TRANSPORTATION	TIME