REGIONAL SCHOOL DISTRICT 17 PARENT REQUEST FOR TRANSPORTATION BY ANOTHER PARTY

Name of Student:	Date(s):
Activity:(The activity may be a one-time of	event or for the duration of the activity)
Name of the family member or parent of anothe	r student:
Signature of the family member or parent of ano	ther student:
up my child from the above school activity. I und liability for the above transportation. At the time	ed family member or parent of another student to pick erstand that I am accepting full responsibility and of pick up, the family member or parent of another below indicating that he/she has taken my child from
	Signature of Parent/Guardian
APPROVAL:Signature of Principal (or designature of Principal (or de	Date:
Signature of Fillicipal (of design	since)

Only when the parent, the identified family member or parent of another student, and the principal (or 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	Time
	transportation	