

**Tempe Union High School District
Single Student Transportation Waiver Form**

Site: CA CDS DV MDN MHS MTP THS

Today's Date: _____

Student Name: _____

Student ID: _____

Group Traveling: _____

Trip Date(s): _____

School Sponsor Name: _____

Phone/Email: _____

Trip Location: _____

Purpose of Travel: _____

I will drive/transport my student to the above activity.

I will drive/transport my student home from the above activity.

The below options require a signature from the Principal at the school. A copy also needs to be provided to the Director of Athletics and Activities.

I give my student permission to drive our private vehicle to and from the above activity.

I give my student permission to ride in a private vehicle with another adult from the above activity.

I give my student permission to ride in a private vehicle with another student to and from the above activity. (This option is only available when practice may be held off campus.)

Principal Signature

When transportation is provided by a student or an adult in lieu of transportation provided for or arranged by the District, the District has no responsibility for the conduct of the driver/vehicle and no responsibility for ensuring that the driver of the vehicle has proper license and insurance.

Parent/Guardian Signature

Date

Parent/Guardian Name (Print)

Cell Number (Best Contact)