



ATHLETIC / ACTIVITIES ALTERNATIVE TRANSPORTATION REQUEST

_____ has my permission to drive to and from practice, events and activities
(Print Name of Student)

(Print Parent /Guardian Name)

(Parent Signature)

This request is for:

(List specific practices, event, dates, or activities)

Please return completed form to your coach or advisor.

I will assume all responsibility and will not hold Mounds View Public Schools liable for any accident or injury that may occur while my child uses alternative transportation.