FAIRFIELD WARDE HIGH SCHOOL ATHLETIC DEPARTMENT

ALTERNATE TRANSPORTATION REQUEST FORM

This is to request that	be permitted to ride	be permitted to ride by vehicle other than	
Name of Athlete			
the school bus (to/from/both ways) at the Circle One	Activity or	Date at	
I certify that I have Location of Activity	arranged transportation	for the above-named	
student. He/She will be riding with	Name of Driver	, Relationship	
a responsible adult. The reason for not riding	g the bus is		
I understand that Fairfield Warde High Scho and from all school events and that by requ- release the Fairfield Board of Education and accidents that may occur. I understand that vehicle) assumes all liability for this al- automobile insurance policy.	esting a departure from the Town of Fairfield fit I (or the other parent of Iternative transportation	this requirement I will rom all liability for any or guardian driving the n under our personal	
I therefore agree to release the Fairfield Boaits employees and officers from all liability transportation.			
This form must be in the Athletic Office prior	or to or on the day of the	event.	
Parent or Guardian	D	Pate	
Athletic Director	_		