MILES CITY UNIFIED SCHOOL DISTRICT #1 Travel Release Form

DATE:			
This is to certify that		will be riding home from the	
	(Student Name)		
	on	at	(location of event.)
(School authorized event)		n 3 n	100
l certify that I,	a	am the parent/guardian of	
(Parent/Gu	Jardian Name)		(Student Name)
and that I am personally	y responsible for she	or he traveling home with	
•	The	e reason for the student no	t riding the bus is
(Pagean m	uust he sufficiently urgent	t to family needs to justify not ria	ling the bus)
I understand that the Cus buses to and from all athl School District and its em transportation.	ter County District Higl etic events and a depa ployees and officers fro	h School Activity Rules require arture from this requirement vom all liability with reference fice one day before the contest.	e that students ride the will release the Miles City
Parent/Guardian	Signature	Activities Dir	ector Signature