## **West Essex Regional School District**

## Fine, Performing and Practical Arts Department

## **Travel Release Form**

With this release form, I,	(Name of Parent/Guardian)	
certify that my child,	(Name of Student) , has my	
permission to:		
CHECK BOX THAT APPLIES:		
I will be responsible for transporting my child <b>to</b> the	ne away event on	(Date
of Event) being held at	(Location of Event).	
I will be responsible for transporting my child <b>fron</b> of Event) being held at		
I understand that it is the procedure of the West Essex Restudents to ride to and from away events with their group departure of this requirement will release the West Essex liability, which may occur as a result of my child not travel Essex Regional School District with the group.	on school district transportatio Regional School District from an	n and that a ny and all
Thus, I hereby release the West Essex Regional School Distance and all liability with reference to the above-stated transpo		cers from any
Signature of Parent/Guardian:		
In the event that I, (Parent/Guardian) ,		_am unable to
transport, I authorize	(Print Name of Adult) to	transport my
child.		
Date:		

\*\*THIS FORM MUST BE ON FILE IN THE ARTS SUPERVISOR'S OFFICE,
ONE DAY PRIOR TO THE EVENT\*\*