

SHCS Transportation Waiver

For those students returning from a school sponsored activity by means other than the school sponsored transportation.

Student Name _____

Date of Event _____

- I am personally transporting the above named student(s).
- I have made arrangements with _____ who will be transporting the above named student.

I agree to take full responsibility for their safety and agree to hold harmless any coach, school board member, principal, teacher, bus personnel, or any other person connected with Sacred Heart Catholic School or Parish.

I understand that my signature below absolves the school and their agents from all responsibility for the given student.

Parent/Guardian Signature _____

Date _____