



Athletic/Activity

Travel Permission Request

MOUNT HOREB MIDDLE SCHOOL

Phone 608.437.7306 | Fax 608.437.7301 | Website mhasd.k12.wi.us/ms
Middle School Office | 900 East Garfield Street, Mount Horeb, WI 53572

This is to certify that _____ has my permission to ride home
(student's name)

from the _____ being held at _____, on the
(event) (location)

date of _____.
(date)

I certify that I am the parent/guardian of the above named student and that I am personally transporting my child only. The reason for not riding the team bus is:

I understand that the Mount Horeb School policy requires students to ride to and from all school events; any departure from this policy releases the Mount Horeb School District from all liability.

(signature of parent/guardian)

(signature of coach/advisor)

(printed name of parent/guardian)

(printed name of coach/advisor)

(phone number of parent/guardian)

(signature of administrator)