



2-16-10

12828 N Newport Highway
Mead WA 99021

Student Services and Activities

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www.mead.k12.wa.us

Alternative Travel Request - Release to Parent

I, the undersigned parent of _____, a student at _____

Student Name

_____, understand and agree to the following Mead School District
School Attended

procedures regarding student travel in personal vehicles:

1. Travel by private transportation rather than school provided carriers is prohibited unless approved in advance.
2. When traveling to or from off-campus sites for co-curricular or extra-curricular events, students must travel on the bus or other school provided transportation to and from the event unless prior written arrangements have been made by the parent.
3. If school transportation is provided, coaches, directors or advisors may release a student to a parent, but only in a face-to-face meeting with the parent after prior written approval has been granted. Students may be released to other adults (such as grandparents), never to other students or minors, only if prearranged by the parents in writing and due to reasons of special circumstances.
4. Coaches, directors or advisors reserve the right to refuse requests by participants to leave their teams if, in the opinion of the coach, director or advisor, as a reasonably prudent professional, it serves in the best interest of the individual or program to do so.
5. Alternative travel requests may be granted by the building principal (or designee) due to special circumstances as determined by the administrator.
6. Approval of an alternative travel request applies only to the student and adult named in the approved request.
7. Special circumstance travel requests (e.g., due to family crisis) should be directed to the building principal.

I understand that if I have arranged, through prior written approval, to transport my son/daughter after an off-campus school event, the duty and responsibility of the school, coach, director, advisor and the Mead School District has ended when my son/daughter is released to my care.

Date of Trip: _____ Activity: _____

Specific Event: _____

Reason for request: _____

Description of Alternative Transportation: _____

Parent Signature: _____ Date _____

Coach/Director/Advisor* _____ Date _____

Principal or Designee _____ Date _____

*Coach/Director/Advisor signature only needed if request is to the event rather than from the event.