

GILBERT PUBLIC SCHOOLS
Student Transportation Understanding - B

As a parent/guardian of _____ (Student's Name)

A student at _____ (School), I/we understand that Gilbert Public Schools

does not have the resources available at this time to provide transportation to and/from the following extracurricular activity in which my student desires to participate:

(PLEASE INCLUDE ABOVE - APPROPRIATE ACTIVITY/EVENT NAME, DATE, TIMES, LOCATION)

I/We hereby state that I/we will provide and/or make arrangements for private transportation to and/or from this activity.

We hereby agree to assume all risks of this transportation and to hold Gilbert Public Schools harmless for any loss, damage, injury or death that may occur during or as a result of this transportation.

Parent/Guardian Signature
(MUST BE NOTARIZED OR CONFIRMED BY SCHOOL)

Student Signature
(DOES NOT NEED TO BE NOTARIZED UNLESS OVER 18)

Date

Date

State of _____)
County of _____) ss

On this _____ day of _____, Before me personally appeared _____
and acknowledged that he/she executed the same.

(Print Name(s) of Parent/Guardian and Student If over 18)

(stamp/seal)

Notary Public

School Confirmation: I hereby confirm that the signature above is that of the parent or guardian.

Signature of School Representative

Date

Method of Confirmation

NOTE FOR GILBERT SCHOOL DISTRICT ADMINISTRATION, FACULTY AND STAFF: Please use this form for transportation arrangements when the district is unable to provide transportation to a school sponsored extracurricular activity or event.

NOTE: Original to Administrator, copies to parent/guardian and teacher/sponsor.