Transportation Waiver Form
2023-2024

Turn in completed forms to PROGRAM TEACHER to be filed in classroom.

STUDENT INFORMATION

Name _____ Cell Phone _____

Address _____ City, State Zip _____

Home School BHS CHS NHS WHS (circle one) Program School BHS CHS NHS WHS (circle one)

Program _____ Junior Senior (circle one)

Transportation is provided for students traveling to programs in the Four Cities Compact. Should a student choose not utilize school transportation, permission to drive/ride may be granted under the conditions listed below. Once this form is submitted by students (indicating their mode of transportation) the mode of transportation cannot be changed or varied from without administrative approval.

PLEASE COMPLETE SECTION A OR SECTION B

SECTION A: For students using Compact Bus Transportation

My student will use the Compact provided transportation. We understand that student code of conduct is in effect on all buses.

_____ _____
Parent / Guardian Signature Date

SECTION B: For students driving/ riding, using own/ other transportation

VEHICLE INFORMATION

Parking pass number(s) _____

Make of vehicle _____ License plate number _____

Color of vehicle _____ School(s) that issued parking pass BHS CHS NHS WHS

STUDENT AGREEMENT

I understand the conditions and rules which regulate driving and/or riding to my Four Cities Compact Program. I agree to arrive by the school start time. I agree not to transport students without the permission of their parent/guardian. I will follow the conditions, rules, and laws concerning driving and/or transportation of students. I accept the consequences of this responsibility. I understand these privileges may be revoked for rule violations.

_____ _____
Student Signature Date

PARENT/ GUARDIAN APPROVAL (of drivers and passengers of other student drivers)

I understand the conditions and rules which regulate the driving/ riding of my student. I give my permission to drive his/her personal vehicle, ride with a classmate, or utilize another form of transportation to/from their Compact program.

_____ _____
Parent / Guardian Signature Date