



Phone: (715) 924-3137 Fax: (715) 924-2921 Website: www.cwasd.k12.wi.us

(Date)

 $High\ School/Middle\ School\ Principal-Tyler\ Nelson$   $High\ School/Middle\ School\ Assistant\ Principal/Athletic\ Director-Koll\ Fjelstad$ 

## **Transportation Release for 2023-24 School Year**

My son/daughter has my permission to ride home fr school sponsored events with any of the below designated adult driver(s).		
		(8).
Designated Sport(s):	Winter	Spring
Adult Driver - other than a parent: (pleas	e print clearly) Contact	Number:
Any adult listed above transporting the dappropriate coach before leaving the even This contract is a special concession to property from events via school district transportary I understand the responsible party must be appropriate staff member before leaving maintained throughout the sport season of also be kept in the office and I will contain throughout the year.  By granting this permission I hereby absorbed in the safety.	nt location. arents and students. Students tion unless this form is on file be an adult driver and must me the premises. I also understa on file with the appropriate sta ct the athletic office with any	are required to ride to and e in advance.  ake contact with the and this document will be aff member. A copy will necessary changes

(Administration Approval)