

Travel Waiver Form

To support Governing Board Policy IJOA

Please print requested information.

Submit request to the District Athletic Director 48 hours prior to the event.
Parents may only transport their own children.

Date _____

Student Name _____

Parent Name _____ Phone _____

Event _____

Event Date _____

Extenuating Circumstance

Parent Signature _____ Date _____

Denied _____ Approved _____

District AD Signature _____ Date _____