

Student Transportation Sign-Off Form

Event: _____
Date: _____
Location: _____
Team/Group: _____
Coach/Supervisor: _____



In signing my name in the space below, I, as a parent or guardian, am hereby taking my son/daughter with me from the above event and hereby relieve the Baldwinsville Central School District of all responsibility for the care and protection of said student.

Student Name	Parent Signature

Supervisory Teacher must keep this document on file for one school year.

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Copy Page 2 if needed on back of Page 1 or attach.



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