



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 2024-25 School Year

My son/daughter	ts with any of the below d	has my p	ermission to ride home from
		esignated addit di	1001(3).
Designated Sport(s): _	Fall	Winter	Spring
Adult Driver - other	than a parent: (please print clea	cont	act Number:
appropriate coach before This contract is a specifrom events via school I understand the responsappropriate staff members maintained throughout also be kept in the offithroughout the year.	ore leaving the event location in the concession to parents and district transportation unlessible party must be an advocable before leaving the present the sport season on file where and I will contact the attention I hereby absolve the	on. nd students. Studess this form is or all driver and must mises. I also under the appropriation of the state of the state of the students.	st make contact with the rstand this document will be e staff member. A copy will

(Administration Approval)