TRANSPORTATION WAIVER FORM

It will not be necessary for the K	lein I.S.D. to pro	ovide transpo	rtation to t	he
S	cheduled on		at	
(Name of Athletic Event)		(Date)		
	for			
(Location of Athletic Event)		(Student's]	Name)	
I, the undersigned, being the pare of(Student's Name)				uardian o and or from this
school activity.				
	Parent or G	uardian Signa	ature	Date

Note: The authorization must be signed and returned to the proper Coach in order for the student to be permitted to provide his/her own transportation to a Klein ISD Sponsored athletic event.