352 EXHIBIT 2 STUDENT TRAVEL RELEASE

This is to certify that			has my permission to drive to/from
	(Student	Name – Please Print)	
		on	
	(List Activity)		(Date of Activity)
to/from			<u>:</u>
	(Location o	of Activity)	
Please c	check the appropriate statement:		
	proof of insurance before the da	ate of the field trip. My student un	with a copy of their Driver's License and nderstands acceptable driving behavior. My way only transport one additional student in
	Name of Approved Student:		
☐ My student will procure their own transportation with a non-student.			ent.
		(Nan	ne of Adult Driver)
	My student may ride with anoth	ner LHS <u>student</u> .	
		(Nar	me of Student Driver)
•	activity events/field trips and a Schools from all liability for an My student understands the resp I agree to release the Wisconsin with reference to the above state	departure from this requirement very adverse results that may occur. ponsibilities and acceptable behave Rapids Public Schools and its ended transportation.	the buses/school vans to and from all vill release the Wisconsin Rapids Public viors of driving themselves or others. Inployees and officers from all liability dismissal of school on the day of the activity.
By signi	ing below, you are agreeing to th	e above guidelines.	
Parent N	Name:	(Please Print)	
Parent S	Signature:		
Date:			
Emerge	ncy Contact Name and Number:		
Approve Revised			