

Student's Name: _____

Return Transportation Release Form (For use with students who used district transportation to attend an activity but who wish to return home with a parent/guardian.)	
Description of Activity:	<i>(please include a description of the activity here and its location):</i>
Location of Activity:	
Teacher(s)/Sponsor(s):	
Date(s) of Activity:	
<input type="checkbox"/>	I do not wish to have my student use district transportation to return home from this activity and request that my student be released to my custody. I understand that my signature below means that USD 305 is no longer responsible for the safety or transportation of my student on his/her return trip and that I alone am responsible for transporting my student home from this activity.
Parent/Guardian Signature: _____ Date: _____	
Administrator Approval:	

Notice of Nondiscrimination

Unified School District #305 does not discriminate on the basis of race, color, national origin, sex, age, or disability in admission or access to, or treatment or employment in, its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. Any person having inquiries concerning Unified School District #305 compliance with the regulations implementing Title VI, ADA, Title IX, or Section 504 is directed to contact the Unified School District #305 Executive Director of Human Resources, P.O. Box 797, Salina, Kansas 67402, 785-309-4726.