



**MICKELSON MIDDLE SCHOOL Home of the Bobcats**

1801 12<sup>th</sup> Street South  
Brookings, SD 57006-3498

Tele: 605-696-4500  
Fax: 605-696-4506

**STUDENT TRAVEL – Board of Education Policy JJA**

Ideally, students will travel to and from school-sanctioned events in school-approved transportation. In extenuating circumstances – related to scheduling conflicts – the parent/guardian may complete a transportation waiver and submit it to the activity advisor (e.g. coach or director) for prior consideration. In such cases, the activity advisor may grant permission for the parent/guardian or (in their absence) an adult member of the immediate family (i.e. grandparent, uncle/aunt or sibling) to provide alternative transportation. When extenuating circumstances exist – and neither a parent/guardian nor an adult member of the immediate family can provide transportation – the Director of Student Activities or Principal may (upon receiving this transportation waiver) grant permission for the parent/guardian to designate a “responsible adult” to transport the student on their behalf. In no instance, however, will students either provide their own transportation or travel with anyone other than the individuals listed above to or from out of town events.

**Please complete and submit this transportation waiver to your child’s advisor, coach or director or (in their absence) to the Activities Department for prior consideration of alternative transportation to or from a school-sanctioned event.**

**TRANSPORTATION WAIVER**

My child, \_\_\_\_\_ will be participating with the  
(Print Name)

\_\_\_\_\_ at \_\_\_\_\_ on \_\_\_\_\_  
(Student Group) (Location) (Date)

I request permission for \_\_\_\_\_ to transport my child to – from (circle  
(name and relationship)  
one or both) this event. My request releases the Brookings School District from all responsibility and liability for my child’s safety and welfare – associated with student travel – and this event.

Furthermore, I understand that violations of this policy may result in loss of the privilege of participating in this event as well as the possibility of further disciplinary action.

Having read Board of Education Policy JJA and this transportation waiver, I acknowledge that I understand both documents, and accept full responsibility for my child’s transportation.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Student Signature – Please Print)

\_\_\_\_\_  
(Date)

**ACTIVITY ADVISOR MUST RETAIN THIS FORM**

Randy Soma  
Activities Administrator  
Randy.Soma@k12.sd.us