

St. Maria Goretti Catholic High School

Student Transportation Permission	on Form and Release for sc	hool year 2021-2022
(PLEASE PRINT)		
Student Name:		Grade:
Date of Birth:	Address:	
	igh School to and from var	agree to allow my student to be transported in vehicles owned by or ious School activities including but not limited to (fees may
Daily or occasional am & pm bus	transportation to Frederic	x, MD/Shepherdstown & Martinsburg, WV
Field Trips Class Retreats or Trip	s Athletic practices & conte	ests.
are owned or contracted by the S arranging my student's transportatheir own vehicle or in a vehicle off-campus practices, retreat cent transport other students to School	chool or if such transportation. I and my student assurbiven by a sibling or of travers or field trips. I understable or School events unless the state and agree that the School	t to take transportation to School or School activities in vehicles that ion is not provided, that I and my student are solely responsible for me all risks associated with my student transporting themselves in relling with another parent as part of a car pool to contests, and that according to School policy, students are not permitted to be students are siblings. I understand that I, not the School, am of has no responsibility for ensuring that students do not travel in
Goretti High School and the Arci	hdiocese of Baltimore, and uses of action whatsoever as	SE AND HOLD HARMLESS AND INDEMNIFY St. Maria each of their respective employees, agents, and affiliates from any rising out of or relating to any loss, damage, or injury sustained in a.
School personnel in charge in reg During any School event or trans	ard to matters of safety, be portation to or from the Sc	hool event, Students are expected to follow the rules & direction of havior, respect for others and property, and reputation of SMGHS. hool event, I hereby grant permission to any school chaperones or nospital, or medical clinic for the student in the event that I cannot
The student is covered by hospita	llization and medical insura	nce under
Policy #	Issued by	
The student does not have medic medical care for the student. YES	al coverage and I will assum OR NO	ne responsibility for any costs associated to hospitalization and
Parent / Guardian Name:		_
Home Phone:	Work Phone:	Cell:
Parent / Guardian Name:		
Home Phone:	Work Phone:	Cell:
Parent / Guardian Signature:		Date:
Parent / Guardian Signature:		Date:
Student Signature:		Date: