

St. Maria Goretti High School

Student Transportation Permiss	sion Form and Release for scl	nool year 2018-2019
(PLEASE PRINT)		
Student Name:		Grade:
Date of Birth:	Address:	
	High 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 b Field Trips Class Retreats or Tr	_	x, MD/Shepherdstown & Martinsburg, WV/ Chambersburg, PA ests.
are owned or contracted by the arranging my student's transport their own vehicle or in a vehicle off-campus practices, retreat ce transport other students to Sch	School or if such transportate tration. I and my student assure driven by a sibling or of traventers or field trips. I understate tool or School events unless the olicy 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 velling 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 ol has no responsibility for ensuring that students do not travel in
Goretti High School and the A	rchdiocese of Baltimore, and auses of action whatsoever ar	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 r During any School event or tra-	egard to matters of safety, bel nsportation 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 pospital, or medical clinic for the student in the event that I cannot
The student is covered by hosp	italization and medical insura	nce under
Policy #	Issued by	
The student does not have medical care for the student. Ye	~	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: