

# Athletic Student Transportation Authorization

Timberview Middle School | Valid for Current School Year Only



I, \_\_\_\_\_ authorize: **PRINT PICK-UP PERSON(S) NAME BELOW**  
**PRINT PARENT/GUARDIAN'S NAME**

to pick up my child, \_\_\_\_\_, in \_\_\_\_\_ grade at Timberview.  
**PRINT STUDENT NAME** **STUDENT GRADE LEVEL**

The below-mentioned person(s) may check my student out for **ATHLETIC EVENTS ONLY**. This authorization shall remain in effect for the entire season of: \_\_\_\_\_  
**LIST REGISTERED SPORT** (i.e. softball, basketball, soccer)

\_\_\_\_\_  
AUTHORIZED PARENT

\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE**

\_\_\_\_\_  
**DATE**