

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

AUTHORIZED PARENT

AUTHORIZED PARENT

AUTHORIZED PARENT

AUTHORIZED PARENT

AUTHORIZED PARENT

AUTHORIZED PARENT

AUTHORIZED PARENT

AUTHORIZED PARENT

AUTHORIZED PARENT

PARENT/GUARDIAN SIGNATURE

DATE