

Transportation Authorization

School _____

Student _____

Please initial ALL that apply. Do not initial if you disagree with statement.

_____ This is to certify that the student named above has permission to drive his/her automobile to and from athletic practices and/or athletic contests during the _____ school year.

_____ This is to certify that the student named above has permission to TRANSPORT OTHER STUDENTS to and from athletic practices and/or athletic contests during the _____ school year.

_____ This is to certify that the student named above has permission to be TRANSPORTED BY another student driver to and from athletic practices and/or athletic contests during the _____ school year.

I acknowledge that the DeKalb County School System assumes no responsibility for nor gives any assurances as to the safety or insurance coverage of the car or driver.

I acknowledge that the Georgia High School Association (GHSA) assumes no responsibility for catastrophic insurance coverage of the car or driver.

I further certify that the automobile in question is properly and adequately insured.

Signature of Parent

Signature of Principal

Date

Date