

Roselle Middle School 500 South Park Street Roselle, IL 60172 (630) 529-1600



Parent/Guardian, please complete the	following information:
Student Name:	Grade:
have access to the bus to and from all assume all responsibility and liability accordance with the expectations provide end of the activity by the parent/g leave on their own. *Students will be events. **In the event that a student up the \$50 co-curricular transportation fe	to decline District 12 Co-Curricular Transportation, my child will not activities and events related to this co-curricular group/activity/athletic. I for providing my child with transportation to these events/activities in ided by the coach/sponsor of the group. All students must be picked up at uardian or an adult listed below. They will not be allowed to walk home or provided with shuttle transportation from RMS to SHS for athletic ilizes D12 co-curricular transportation, the parent will be responsible for e. This fee will be added on to the student account in Skyward. for the supervision of their child prior to and after the times provided by
not have to pay the \$50 co-cur bus with the team/group.	tlar transportation for the 2019-2020 school year. I understand that I will ricular transportation fee and that my child will not have access to ride the from games with the following adult(s):(provide name and cell phone
Parent/Guardian Signature	Date
Coaches/Activity Sponsors,	please complete the following information:

ONLY USE THIS FORM IF DECLINING BUS TRANSPORTATION TO AND FROM AWAY GAMES