



*Montgomery Township Schools*  
Department of Athletics  
1016 Route 601 ~ Skillman, NJ 08558  
Phone 609-466-7602 x4 ~ Fax 609-466-7696



*Alternate Transportation Request Form*

(This form must be in the athletic office before the scheduled departure of the event stated below)

Student:	Parent:
Sport:	School Year:
Date of Event:	Person Driving:
Transportation: To / From / Round Trip	Destination:
Reason for Request:	

I/We understand that Montgomery Township School District Policy requires that students travel to and from athletic events in assigned school transportation and that by requesting alternate transportation will release the Montgomery Township School District from all liability for any accidents that may occur. I/We also understand that I/We (or the driver of the vehicle) assume all liability for this alternative transportation under our personal automobile insurance policy. I/We therefore agree to indemnify and hold the Montgomery Township School District harmless against any claims that might arise from the use of transportation not provided by the Montgomery Township school district.

\_\_\_\_\_  
Parent/Guardian of Student (Print)                      Date

\_\_\_\_\_  
Person Transporting Student (Print)                      Date

\_\_\_\_\_  
Parent/Guardian of Student (Sign)                      Date

\_\_\_\_\_  
Person Transporting Student (Sign)                      Date