Whiting Community School District
Transportation Sign-Out Sheet

I (parent/guardian) accept full responsibility for my child. He/she will not be riding the bus home after the event listed below. My child will be riding home with me.

Date: _____ Event/Place: _____

Student (Print)	**Parent/Guardian Signature**
1.) _____	**1.)**_____
2.) _____	**2.)**_____
3.) _____	**3.)**_____
4.) _____	**4.)**_____
5.) _____	**5.)**_____
6.) _____	**6.)**_____
7.) _____	**7.)**_____
8.) _____	**8.)**_____
9.) _____	**9.)**_____
10.) _____	**10.)**_____
11.) _____	**11.)**_____
12.) _____	**12.)**_____
13.) _____	**13.)**_____
14.) _____	**14.)**_____