

MOUNT HOREB MIDDLE SCHOOL

900 East Garfield Street, Mount Horeb, WI 53572
608-437-2400



Paul Christiansen, Principal
Melissa Hanson, Associate Principal

"Our Future: Prepare. Learn. Lead."

This is to certify that _____ has my permission to ride home
(student's name)

from the _____ being held at _____, on the
(event) (location)

date of _____.
(date)

I certify that I am personally transporting the above named student. The reason for not riding the team bus is:

I understand that the Mount Horeb School policy requires students to ride to and from all school events; any departure from this policy releases the Mount Horeb School District from all liability.

(signature of parent/guardian)

(signature of coach/advisor)

(printed name of parent/guardian)

(printed name of coach/advisor)

(phone number of parent/guardian)

(signature of administrator)