



Amos Alonzo Stagg High School
1621 Brookside Road, Stockton, California 95207
(209) 933-7445 • Fax (209) 954-9245

PARENT TRANSPORTATION

Date: _____

To: Assistant Principal, A.A. Stagg High School
Athletic Director, A.A. Stagg High School

I hereby understand that the school has provided transportation to transport my son/daughter to the following event:

Game / Tournament: _____
Location: _____
Date of Event: _____

I am waiving my right to use the transportation provided by the school district and have elected to be responsible for my own son/daughter transportation to and from the event named above. In doing so, I understand that I relinquish A.A. Stagg High School and Stockton Unified School District from all responsibility.

Students Name: _____
Parents Name: _____

Parents Signature: _____
Date: _____

Administrator: _____
Date: _____

This form must be submitted to the athletic director 24 hours prior to the event.