

Northwest Independent School District

# Request for Post-Activity Student Release for Seasonal Activities

## To Be Completed by Parent:

|                     |            |             |             |
|---------------------|------------|-------------|-------------|
| Student's Last Name | First Name | Middle Name | Grade Level |
|---------------------|------------|-------------|-------------|

As the parent/guardian of the above-named student, I understand that all students are required to ride to and from school-sponsored activities in District-provided transportation according to Regulation FMG. An exception may be granted for a student to be released to the custody of his/her parent at the completion of the activity if a written request is received and approved prior to the trip.

I am hereby requesting that approval be considered for my child to be released into my custody at the completion of the following activity:

|                                           |  |  |
|-------------------------------------------|--|--|
| Organization<br><b>PIKE CROSS COUNTRY</b> |  |  |
| Reason for Request                        |  |  |

I understand that, if approval is granted, my child will only be released if I am present at the completion of the activity, otherwise he/she will be expected to ride on the District-provided transportation.

|                                |                  |
|--------------------------------|------------------|
| Parent/Guardian's Printed Name | Telephone Number |
| Parent/Guardian's Signature    | Date             |

I agree to sign out \_\_\_\_\_ through my child's coach after the competition of each  
(Student's Name)

Cross Country Meet listed below prior to taking my child home. I expect my child to ride the District-provided  
(Seasonal Activity)  
transportation when I am not able to attend.

## Sponsor to list activities:

| DATE       | LOCATION        | DEPART TIME |
|------------|-----------------|-------------|
| 9.16.2026  | Hillwood MS     | TBA         |
| 9.30.2026  | Fossil Ridge HS | TBA         |
| 10.21.2026 | Argyle HS       | TBA         |

| FOR SCHOOL USE ONLY                                                  |                                    |      |
|----------------------------------------------------------------------|------------------------------------|------|
| <input type="checkbox"/> Approved<br><input type="checkbox"/> Denied | Signature of Sponsor               | Date |
| <input type="checkbox"/> Approved<br><input type="checkbox"/> Denied | Signature of Principal or Designee | Date |