



United Independent School District
Pregnancy, Education, and Parenting (P.E.P.) Program

Transportation

I, _____ ID _____ Grade _____ Campus _____
realize that I am utilizing transportation services of the United
Independent School District provided through the Pregnancy, Education,
and Parenting (PEP) Program. By signing this form I agree to release
the United Independent School District from any liability connected
with the use of transportation.

Student (teen parent) Signature

Date

I, _____, parent/legal guardian of _____
realize that he/she is utilizing transportation services of the United Independent
School District, Pregnancy, Education, and Parenting (PEP) Program. By signing
this form I agree to release the United Independent School District from any
liability connected with the use of this transportation.

Parent/Legal Guardian Signature

Date

**It is the policy of United I.S.D. not to discriminate on the basis of race, color, national origin, sex, or handicap in its programs, services, or activities as required by Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Education Amendments of 1972; and Section 504 of the Rehabilitation Act of 1973, as amended.