

KOTZEBUE MIDDLE/HIGH SCHOOL  
Box 264  
Kotzebue, Alaska 99752  
Phone (907) 442-3341  
Fax (907) 442-2141

**Northwest Arctic Borough School District  
Student Travel Form For Snow-Machine Travel**

Student \_\_\_\_\_

School \_\_\_\_\_

Activity \_\_\_\_\_

Date \_\_\_\_\_

**TRAVEL PLAN**

**General Information:**

Travel Dates: \_\_\_\_\_

Destination \_\_\_\_\_

Purpose of  
Travel \_\_\_\_\_

Number of Students \_\_\_\_\_

Grade Level of Students \_\_\_\_\_

Number of Adults \_\_\_\_\_

Number of Certificated Adults \_\_\_\_\_

Number of  
Snowmobiles \_\_\_\_\_

Number of Basket  
Sleds \_\_\_\_\_

**Travel roster:**

Student Name: \_\_\_\_\_

Adult Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

Adult Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

Adult Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

Adult Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

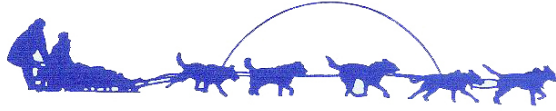
Adult Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

Adult Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

Adult Name: \_\_\_\_\_



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Student Name: \_\_\_\_\_

Adult Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

Adult Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

Adult Name: \_\_\_\_\_

If more room is needed please add second sheet.

I also understand that the School District is not responsible for any damages or maintenance to the snowmobile(s) and sleds incurred during the travel described above. I agree to hold the NWABSD and its agents harmless from losses, claims or damages arising out of this travel that may occur to my child, snowmobile, sled or myself. I further understand and acknowledge that this activity involves greater than normal risk of injury from the hazards that are inherent in travel by snowmobile. If my own personal snowmobile or sled is used for the trip I believe it to be reliable and in good working order.

I have read and fully understand the Northwest Arctic Borough School District Travel Procedures and the Northwest Arctic Borough School District's Board Policy covering Student Activity Travel by Snowmobile and I hereby agree to follow such rules.

A. Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

B. Student \_\_\_\_\_

Date \_\_\_\_\_

C. Principal \_\_\_\_\_

Date \_\_\_\_\_