## PERMISSION SLIP STUDENT TRANSPORTATION

Permission is hereby granted for	DATE:
Student Name:	
Activity:	
Date of Activity:	_
Departure Time:	-
Arrival Time:	-
Return Time:	_
SIGNATURE OF PARENT/GUARD	IAN:
PLEASE SIGN THE PERMISSION FOR	M DELOW WHERE ARRIVARIE
PLEASE SIGN THE PERMISSION FOR	WI BELOW WHERE APPLICABLE.
	ON/DAUGHTER TO TRAVEL BY <b>SCHOOL/CHARTER BUS</b> . DIAN:
PERMISSION IS GRANTED FOR MY <b>SE</b> EVENT.	ENIOR SON/DAUGHTER TO DRIVE TO AND FROM THE ABOVE
SIGNATURE OF PARENT/GUARD	NAN:
STUDENTS <b>TO AND FROM</b> THE ABOV CONTACTED MY <b>AUTOMOBILE INSU</b> F	ENIOR SON/DAUGHTER TO TRANSPORT THREE (3) OTHER E EVENT. ALL STUDENTS MUST WEAR SEATBELTS. I HAVE RANCE CARRIER REGARDING CAR POOLING PROVISIONS.
AND FROM THE ABOVE EVENT.	ON/DAUGHTER TO BE TRANSPORTED BY A STUDENT DRIVER TO
	R BE DRIVE BY AN <b>ADULT</b> . DIAN: MY PHONE NUMBER IS