

PERMISSION FOR ALTERNATE TRANSPORT FORM

Student: _____

Parent/Guardian Name: _____

Address: _____

City/State/Zip _____

Home Phone: (____) ____ - ____ Work Phone: (____) ____ - ____

Cell Phone: (____) ____ - ____ Other Phone: (____) ____ - ____

ACTIVITY: _____ DATE: _____

Person to be released to: _____

Reason for alternate transportation request: _____

COMMENTS:

- *This form is required at least 24 hrs prior to activity.*
- *It is not our policy to release a student to any individual under 21.*
- *It is the responsibility of the designated individual to identify themselves to Mr. Chun or Mr. DeSpain prior to taking student.*
- *Students will not be left unattended at a pick up place. If individual is not located when the band is ready to depart student will travel with the band.*
- *I understand once the student is released to the designee school liability ends.*

Permission is granted for the above designee to transport my son/daughter from the activity specified. I understand and agree to the conditions placed on release.

Signed _____ Date _____