

# Extracurricular Activity Transportation Permission Form

Please complete this form to authorize your child to participate and allow transportation for the specified extracurricular activity.

---

## Student Information

**Student Name**

**Grade**

**Homeroom Teacher**

---

## Activity Details

**Activity Name**

**Date**

MM/DD/YYYY

**Location**

---

## Transportation Permission

☐

I give permission for my child to be transported by school-approved transportation for this activity.

---

## Emergency Contact Information

**Parent/Guardian Name**

**Primary Phone**

**Alternate Phone**

**Medical Conditions / Allergies**

---

**Parent/Guardian Signature**

**Date**