

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****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