

**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:**

- *Please submit this form 24 hours prior to the 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 Dr. Chun or Mr. Gallant prior to taking student.*
- *Students will not be left unattended at a pickup 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 \_\_\_\_\_