

COLUMBIA ROCK BRIDGE HIGH SCHOOL
PETITION TO TRANSPORT

Request authorization for _____ to use
(Name of Student)

Alternative transportation to/from the _____ on
(School Activity/Event)

(Date of Activity/Event)

_____ I request to transport my child

_____ I give permission for my child/ward to ride with

(Name of Permission Who Will Provide Transportation)

_____/_____
(Signature of Parent/Guardian) (Date)

I am the individual requested by the applicant to transport their child/ward as indicated above. I agree to accept responsibility for transporting the above named student to/from the identified event. I will personally contact the sponsor of the activity/event wither upon arrival to the event or prior to departure from the indicated event.

_____/_____
(Signature of Person Agreeing to Transport) (Date)

_____ APPROVED _____ / _____
_____ DISAPPROVED (Administrator) (Date)

Signatures on this form must be signed in the presence of the Administrator or Notarized.