Request for Post-Activity Student Release

Student's Last Nar	me: First Name:	Middle Name:	Grade Level:
As the parent/guardian of the above-named student, I understand that all students are required to ride to and from school-sponsored activities in District-provided transportation as much as possible. However, an exception may be granted for a student to be released to the custody of his/her parent at the completion of the activity if this release form is presented to the assigned coach by a parent or legal guardian at the proper time designated by the coach. I am hereby requesting that approval be considered for my child to be released into my custody at the completion of the following activity:			
Organization:	Destination:	Date of	Trip:
Reason for Request:: I understand that, if approval is granted, my child will only be released to me if I am present at the			
completion of the activity, otherwise he/she will be expected to ride on the District-provided transportation.			
Parent/Guardian's Printed Name:		Telepho	ne Number:
Parent/Guardian Signature		Date::	
	FOR SCHO	OOL USE ONLY	
Approved Denied	Signature of Sponsor:	Date::	
Approved Denied	Signature of Principal or Designee	e: Date::	