PALO VERDE HIGH SCHOOL REQUEST TO TRANSPORT STUDENT TO/FROM SCHOOL ACTIVITY



Print Student Name:	
Name of Activity:	Date of Activity:
Location of Activity:	Day of Activity: M T W Th F S
I, the undersigned, do hereby request permission to provide prabove for a school related activity and release the Palo Verde Lassociated with any alternate travel request.	
PLEASE CHECK ALL THAT APPLY	
My child will travel with	TO the
school activity. (Parent / Gu	uardian's Name)
My child will travel with school activity. (Parent / Gu	FROM the uardian's Name)
Please contact us ator	with any questions or concerns.
Parent / Guardian Signature:	Date:
Administrator Approva	<u>al</u>
Approved	
Signature: Denied	

- Please keep a copy of this form for your records.
- Student must provide a copy of this form to the coach/advisor in order to be released from the team.
- If you have any questions, please contact Palo Verde High School at (760) 922-7148, Ext: 2101
- This form must be submitted 24 hours before the student leaves.