Twin Valley School District
Athletic/Activities Office

PERMISSION SLIP FOR PRIVATE TRANSPORTATION FOR AN ATHLETIC/CO-CURRICULAR EVENT

Student Name: _____ Grade: _____

Athletic/Co-Curricular Event: _____

Date of Event: _____

Parent/Guardian Name: _____

Parent/Guardian Phone Number: _____

I give my permission for my son/daughter to not take the bus/school transportation

(*circle one*) **TO - FROM - BOTH** the event listed above.

Parent/Guardian listed above will drive my child

Parent/Guardian of _____ will drive my child.
Name of Parent/Guardian: _____
Contact Number: _____

Parent/Guardian Signature: _____ Date: _____

TVSD Approval Signature: _____ Date: _____