SOCORRO CONSOLIDATED SCHOOLS
700 Franklin Street, Socorro, NM 87801
TEL: 575-835-0300 www.socorroschools.org
EMPOWERING EVERY PATH. INSPIRING EVERY FUTURE.

Joyce Gormley
Superintendent

Kimberly Finley
Assistant Superintendent

STUDENT RELEASE FORM
ACTIVITY/ATHLETIC TRIPS

*To be completed **at the school site** by a parent or legal guardian at least **24 hours** prior to the scheduled event. This is for the safety of your student.

Activity/Athletic
Trip:_____
(Club or School Activity)

Date of Student release:_____

Students Name: _____

School_____

Reason for travel:_____

Medical Insurance
Company:_____

I acknowledge that I am choosing to personally transport my student home from the school-sponsored activity and understand that Socorro Consolidated Schools and those acting on its behalf are not responsible for any injury or death that may occur during travel.

_____ _____
Parent Signature Administrator Signature

_____
Date Signed

Note: Parent and/or Student is responsible for making sure the coach has a copy of this form.