**PRINT STUDENT NAME**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cypress Lake High School**

**Athletics/Activities Department Transportation Permission Form**

**Memorandum**

To:   Parent/Guardian of Cypress Lake High School Student

From:  Betty Rodriguez, Athletics/Activities Director

Subject:  Transportation for Athletic/Activity Events and Practices

From time to time when school/charter transportation is unavailable, it is necessary to transport students to activities via private vehicles.  We need to have on file permission for each student to travel in a private vehicle.  Please initial the appropriate choice(s) of travel for your child.

**Student and parent/guardian must sign and date this form.**

1. \_\_\_\_ Student may ride with the coach, teacher, SDLC approved volunteer.

2. \_\_\_\_ Student will drive his/her own car and may transport siblings (student driver information on file)

3. \_\_\_\_ Student may be transported by another parent (with that parent’s driver information on file)

Student signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_

Parent/Guardian signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_

Parent/Guardian phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Driver Information**

Necessary information for parent/guardian and student drivers will need to be on file in the CLHS Athletica/Activities Dept. for the duration of the school year and includes the following:

1. Driver Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Driver License #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Car registration # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Make and model of car\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5.  Insurance Company Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy #\_\_\_\_\_\_\_\_\_\_\_

6. License Plate #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_