

THIS FORM IS DUE TO MRS. ROBINSON AT LEAST 3 DAYS PRIOR TO THE SCHEDULED ACTIVITY.



ALTERNATE STUDENT TRAVEL REQUEST

**PALMETTO RIDGE HIGH SCHOOL
Marching Pride, Bands, & Auxiliary 2019-2020**

Type of Request: (initial all that apply)

_____ Parent/guardian listed below requests to drive the student to the activity.

_____ Parent/guardian listed below requests to pick-up the student from activity.

I, the undersigned parent/legal guardian of _____, a member of the Palmetto Ridge Marching Pride, am requesting permission that my child be permitted alternate travel to the PRHS Band Activity on the following date(s): _____. I understand that the district provides transportation to this activity; however, we are requesting alternate travel accommodations for our student because: _____.

I understand the students are scheduled to depart and return to and from the school on the dates and times listed on the 2019-2020 Band Calendar found on the PRHS Band Website at www.prhsbands.org. I also understand that it is our responsibility to ensure that our student arrives and/or leaves at the specified time for the activity listed above. **Upon arrival (if it applies), our student will check-in with Mrs. Robinson. Prior to departure (if it applies), we understand that Mrs. Robinson will not release our student until the parent/guardian listed above has physically checked-in with either herself or the Head Chaperone parent, Ms. Eileen Fuentes.**

If permission is granted, I understand that Palmetto Ridge High School is not responsible for any aspect of this transportation, including arranging the transportation, and cannot vouch for my child’s safety while being transported to the activity. I further understand and acknowledge that Palmetto Ridge High School will not supervise my child while he/she is being transported to the activity and will not be responsible should an accident occur during his/her travel to and from the activity.

I hereby release and hold harmless The Palmetto Ridge High School, its Trustees, employees, and volunteers from any and all liability in connection with this alternate method of travel for this school activity.

Date

Signature of Parent or Legal Guardian

Please Print Parent or Legal Guardian Name

ADMINISTRATOR’S SIGNATURE OF APPROVAL: _____ Date: _____