

# Clark Montessori Transportation Permission Form

Sport: \_\_\_\_\_

Year: \_\_\_\_\_

I, \_\_\_\_\_ (*Parent's Name*)

give \_\_\_\_\_

\_\_\_\_\_  
(*List of acceptable drivers*)

permission to drive my child, \_\_\_\_\_

as follows: (initial all or any that apply)

(    ) Home from competitions or practices for the entire season.

(    ) Home from the following specific competitions or practices:

\_\_\_\_\_

(    ) Other. \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

Relationship to Child \_\_\_\_\_

***Students will not be permitted to travel with anyone without this form completed.***