

Floresville ISD

Permission for Alternate Transportation

Student Name: _____

Event Date: _____

Event Location: _____

Please check and fill out
only one of the options
below



Option #1

I, _____ hereby request to transport and take full

(Printed Parent or Guardian)

responsibility for transporting _____ FROM

(Printed Student's Name)

the above location in lieu of Floresville ISD Transportation.



Option #2

I, _____ hereby give permission for

(Printed Parent or Guardian)

_____ to transport and take full responsibility

(Printed Name of other Parent or Guardian)

for transporting _____ FROM

(Printed Student's Name)

the above location in lieu of Floresville ISD Transportation.

(Parent or Guardian Signature & Date)

(School Administrator Signature & Date)

Received by Sponsor/Coach: _____

Date: _____

This form must be signed and filled out in its entirety before turning it in to the sponsor/coach within 24 hours prior to event.