

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: _____