Alternative Student Travel for School Event

My son/daughter, _____, needs to go to and/or return from

_____ with _____
Destination of trip Adult Driver's Name

by _____, at _____.
Car, bus, etc. Departure Time

The reason for this alternative method of travel is _____

_____

_____

I hereby release and hold harmless the Clear Creek Independent School District, its Trustees, employees, and agents from any and all liability in connection with this alternate method of travel for this school trip.

_____ _____
Parent or Guardian Signature Date

☐ Approved

☐ Disapproved

_____
Signature of Principal or designee

_____
Date

** Student drivers holding a valid driver's license **MAY NOT** transport any other student other than themselves.