BISHOP UNION HIGH SCHOOL

PERMISSION BY PARENT/GUARDIAN FOR STUDENT TO RIDE HOME FROM SCHOOL ACTIVITY WITH ADULT PERSON

(Name of Parent/Guardian)	the undersigned parent of	
(Name of Student)	, hereby authorizes Bishop Union H	łigh
School to release my child(ren) to ride ho	ome from	
School Activity)		(Name of
with	on	(Parent or
Adult person 21 years or older)	on (Date of Activity)	`
	tsoever, which may be incurred by reason ith the above named adult person.	
	Parent/Guardian Signature	Date
Administrator's Approval:		
Date:		
Time:		
Administrator's Signature		

This form must be in the high school office at least 24 hours prior to the scheduled activity.