

Crosbyton Secondary School
Alternate Student Travel for School Events

My son/daughter, _____, needs to go to and/or return
from _____ with _____.
(Destination of Trip) (Parent Name)

The reason for this alternate method of travel is _____

I hereby release and hold harmless the Crosbyton Consolidated Independent School District; it's Trustees, employees and agents from any and all liability in connection with this alternate method of travel.

Parent / Guardian Signature

Date

Approved

Signature of Principal or Designee

Disapproved

Date