

**Transportation
Permission Slip for Sept. 2026- June 2027**

Student Name:_____ **Grade**_____

Student Name:_____ **Grade**_____

Student Name:_____ **Grade**_____

Student Name:_____ **Grade**_____

Parent/s Name_____

Email: _____

Mom's: work phone:_____ **Cell:**_____

Dad's:: work phone:_____ **Cell:**_____

My child/ren have my permission to be transported to scheduled events from September 2026 through June 2027 school year by volunteer drivers (21+) for Parishes on the Prairie ACC within a 60 mile radius of any of our parishes. I will not hold the Parishes or their staff and volunteer leaders responsible for any loss or injury to my son/daughter. I give permission for medical attention to be gained from my son/daughter in the event of emergency.

Signature of Parent/Guardian:

_____ **Date**_____

In case of emergency and neither parent can be reached at above numbers, contact:

Name:_____

Relationship:_____

work phone:_____ **Cell:**_____