

Central Catholic High School

PARENTAL CONSENT FOR TRANSPORTATION BY PRIVATE VEHICLE

I have read the following information and consent to my child being transported by private vehicle for this purpose.

Purpose of the trip(s): _____

Dates of the trip(s): _____

Please check any/all of the following that apply:

- My child has my permission to ride to/from this event with another student with driver's proof of insurance.
- My child has my permission to ride to/from this event with the parent/guardian of a fellow student with driver's proof of insurance.
- My child has my permission to transport him/herself to/from event. Proof of insurance is attached to this form.
- My child has my permission to transport other students to/from this event. Proof of insurance is attached to this form.
- My child **does not** have my permission to ride with other students. I will transport him/her to/from this event.

If you and/or your child will be driving to the events listed above, please attach a copy of each of the following:

*insurance card for each driver

*valid driver's license for each driver

The school verifies that the driver must have a valid operator's license, their vehicle must be in proper operating condition, and a safety belt will be available for each child riding in the car.

Parent Signature

Date

Parent Name - Please Print

Home Phone #

Daytime/Work Phone #

Cell Phone/Pager #