

**Holy Family Catholic High School**

**ALTERNATE TRANSPORTATION  
REQUEST**

\_\_\_\_\_ has my permission to ride home with  
(Name of Student)

\_\_\_\_\_  
(Name of Adult)

This request is for : \_\_\_\_\_  
(List specific event and date)

I will assume all responsibility and will not hold Holy Family Catholic High School liable for any accident or injury that may incur while transporting my son/daughter from this activity.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Activities Director)

Date: \_\_\_\_\_

This form must be turned into the Activities office on or before the day of the event.

Students and the parent/guardian who is driving must receive a VISUAL and VERBAL recognition from the coach/director before leaving the event.