

**ACADEMY SCHOOL DISTRICT TWENTY
STUDENT DRIVING PERMISSION SLIP**

**Pine Creek High School
10750 Thunder Mountain Ave
Colorado Springs, CO 80908
719.234-2600**

Dear Parents,

We have special transportation circumstances around the Rocky Mountain High Field Trips to climbing, challenge course and other school facilities. We are requesting students to drive themselves or have parents deliver their student to the site for the trip. **Each student must provide their own transportation to and from the site.** The trip will meet at the trip site and release at that site. Each student will check in and out with the teacher at the location.

Additional Comments:

Students need to bring lunch/water for each trip. Sunscreen, jacket and warm clothing may be needed. If trip is cancelled, we will make up on the next available date. Emergency phone # on trip: 439-6350.

All District policies and procedures apply to the trip regardless of where the activity takes place. Violation of the policies/procedures or failure to follow sponsor's directives, safety rules, etc. could result in the student being sent home and/or disciplined.

I, _____ (print PARENT'S name), am the custodial parent and/or legal guardian of _____ (print STUDENT'S name). I give my permission for the student to participate in the following activities and provide their own transportation to and from each activity:

- | | |
|-----------|---|
| _____ TBA | Air Academy High School Challenge Course |
| _____ TBA | Liberty High School Climbing Wall |
| _____ TBA | Rampart High School Gym |
| _____ TBA | Garden of the Gods |

By signing this permission form, I acknowledge that all drivers of private vehicles must show **proof of adequate insurance and a valid driver's license, copies of which MUST be attached to this permission form if my son/daughter provides his/her own transportation.** I am fully informed that District 20's liability insurance will not extend to cover private drivers in case of an accident (Board of Education Policy 6065). All District policies and procedures apply to the trip regardless of where the activity takes place. Violation of the policies/procedures or failure to follow sponsor's directives, safety rules, etc. could result in the student being sent home and/or disciplined.

Parent Name (**Printed and Signed**)

Date

Time of Activity: **Block of class** _____

TRANSPORTATION

_____ I will provide my own transportation and meet the group at the event.

_____ I want to carpool with the group. I will meet at the multipurpose Room at _____ .

The group will return to the school at about 2 pm _____ .

RETURN THE BOTTOM PORTION OF THIS FORM TO THE SPONSOR

Name of Student: _____

Activity : Liberty HS, Rampart HS.. Air Academy Challenge Course, Garden of the Gods _____

PARENTS: PLEASE CHECK ALL THAT APPLY.

_____ I give permission for my son/daughter to attend this activity.

_____ I will **provide my own transportation** for my son/daughter and meet the group at the event.

_____ If my son/daughter is carpooling with the group, I give him/her permission **to ride with a student driver**.

_____ My son/daughter **may attend the activity, but may NOT ride with a student driver**. If no adult drivers are available, my son/daughter may NOT attend.

_____ My son/daughter may drive him/herself to the event and leave at his/her discretion. Age:_____

_____ My son/daughter **may drive him/herself to the event and may provide a ride for others**.
Limit of _____ passengers. Age:_____

_____ I do NOT give permission for my child to attend this event.

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