

Permission to Ride

(Student Name)	(Student Name)	(Student Name)
(Student Name)	(Student Name)	(Student Name)

have my permission to be transported by the following individual/s or family/ies. My signature below absolves Central Lutheran School of any liability for injuries/trauma that might occur while my child/ren are in the care of the people who are designated below to transport them. I also agree to inform the school when my child/ren will be transported by someone other than his/her parent or legal guardian.

Families or Individuals who may transport my child/ren after school and to school-related activities/events. You may specify "any CLS family or staff member" to give blanket permission for any of our students' families or CLS personnel to provide transportation:

Parent/Guardian Signature	Date
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This permission remains in effect until such time as I rescind or change the names of persons who have been designated to provide transportation.