

**Birmingham Public Schools
Student Transportation Permission Form**

Name of Activity: _____		
Location of Activity: _____		
Date(s): _____	Departure Time: _____	Return Time: _____
Name of Activity Sponsor / Teacher: _____		

Student: _____ **Grade:** _____ **Age:** _____

Address: _____

Parent/Guardian: _____ **Daytime Phone: (____) _____**

Emergency Contact: _____ **Relationship:** _____

Daytime Phone: (____) _____

Please check the acceptable method of transportation:

- My student has permission to walk to the activity site.
- My student has permission to ride a school or commercial bus to activity site.
- My student has permission to drive to activity site.
- My student has permission to drive other students to activity site.
- My student has permission to ride with the named parent/staff member to activity site.
Name: _____
- My student has permission to ride with a named student driver.
Name: _____

I hereby give my permission for my student, _____ to participate in the above named activity.
(Student Name)

I understand that the Board of Education has regulations that are instituted to assure that no person can, without consequence, disrupt the educational process by that person's actions, manners, or lack of consideration and cooperation at school as well as at school-sponsored, off-campus activities/events. Such events shall be governed by District rules and guidelines and are subject to the authority of District personnel. The use, possession, or distribution of alcoholic beverages, illegal drugs, devices or contrivances intended for or adapted for use of any illegal drugs, as well as smoking, is prohibited on school grounds and at school activities. If District personnel determines that a student is participating in misconduct of any kind, the student may be removed at the expense of the student and his/her family. The student will also be subject to additional discipline as provided in these guidelines (Policy# 5600).

Parent/Guardian Signature: _____ **Student Signature:** _____

MEDICAL CONDITIONS: Please describe any medical conditions the activity sponsor should be aware of: _____ _____ _____
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