P.O. Box 1176 Sherman, Texas 75091-1176 Phone# (903) 891-6400 FAX# (903) 891-6407

FORM E

REQUEST FOR ALTERNATE MEANS OF TRAVEL FOR FIELD TRIP

My child, _____ *(name)*, needs to travel to and/or return from _____with me by _____ at _____ *(departure time)*.

The reason for this alternate means of travel is _____

I hereby release and hold harmless the ____Sherman Independent School District_____ and its Trustees, employees, and agents from any and all liability in connection with this alternate means of travel for this school field trip.

Parent signature: _____

Date: _____

For Office Use Only:

Approved: _____

Disapproved: _____

Principal signature: _____

Date: _____