Dripping Springs ISD

Permission for Riding Arrangement



If you choose to drive your student or allow your child to ride with another parent/sponsor, you are assuming all legal responsibilities (this includes all insurance claims). In addition, students are NOT ALLOWED to ride with other student drivers.

Student Name:		
_	ou give permission for your student to ease check and fill in the appropriate b	o use an alternative means of transportation, lank, and sign below.
	I will transport my child (named above) on the trip to	
	on	and will assume all legal responsibilities.
	My child (named above) has my permi	ssion to ride with the following parent/sponsor:
	(name)	_ .
cla tra stu	ilms) resulting from my decision to a new many series in the school in t	gal responsibilities (this includes all insurance allow my student to use an alternative form of ol activity described above. I understand that n other student drivers to or from a school
Pai	rent Name:	Telephone #:
Pai	rent Signature:	Date:
Tra	ansporting Parent/Sponsor Signature: (if appropriate)	
Adı	ministrator Signature:	Date: