



## THE SCHOOL DISTRICT OF ESCAMBIA COUNTY

75 NORTH PACE BOULEVARD

PENSACOLA, FL 32505

PH (850)432-6121 FX (850)469-6379

<http://escambiaschools.org>

### PARENT TRAVEL RELEASE REQUEST

School staff and chaperones shall ensure students are not permitted to depart the event location via any means other than the bus on which they arrived unless they have prior approval granted by the school principal, without exception. That prior approval shall be granted in writing on a Parent Travel Release Request Form and only under exceptional circumstances where the student's travel with the team poses an otherwise unavoidable and untenable inconvenience for the family. Only the student's parent or guardian may provide the alternate transportation. Students may not travel with another student's parents at any time.

#### PARENT TRAVEL RELEASE REQUEST

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(Date)

I request that my child, \_\_\_\_\_, be permitted to ride from the \_\_\_\_\_ event held on \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_.

The reason my child's travel with the group from the event poses an otherwise unavoidable and untenable inconvenience for my family is:

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I understand that I should allow several days for the processing of this request since it must be approved and on file in the Principal's Office prior to the school dismissal on the day prior to the event.

I understand that my child is required to ride District transportation to and from all events and that departure from this requirement will release the Escambia County School District from all liability for any outcomes that may arise. I thus agree to release the Escambia County School Board and its employees from all liability with reference to the above-stated transportation.

I understand that I shall have face-to-face contact with the Escambia County School District school official in charge of the event at the conclusion of the event with proof of my identification and a copy of this approved and signed request. I understand that if I do not present my identification and a signed and approved copy of this request, my child will not be released to me. I certify that, if this request is approved, I will personally transport the above-named student from the above-named event.

Approved/Not Approved

\_\_\_\_\_  
Principal (or designee) name \_\_\_\_\_ Parent or Guardian Name

\_\_\_\_\_  
Principal (or designee) Signature \_\_\_\_\_ Parent or Guardian Signature

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Date Date