CTSO Parental Permission Form

Davis School District Traveling By District Bus

Event:	Group:
Date of Event:	School Pick-up Time:
Destination:	School Drop-off Time:
Advisor notes:	
should communicate with their teachers regarding th	o travel on the district bus provided. The student is embers and advisor. Your student will be school ey will be responsible for the classwork missed and he absence. Students will not be able to travel to the ol eligible (check with school for eligibility requirements). ate with their CTSO advisors and/or school t, please sign and date that you understand the
Student Name:	Student Phone:
Please Print	In case of emergency
Student Signature:	Date:
Parent/Guardian Name:	Parent Phone:
Please Print	In case of emergency
Parent/Guardian Signature:	Date: