DOBBS FERRY HIGH SCHOOL

REQUEST FOR RELEASE FROM SCHOOL-SPONSORED TRANSPORTATION

To Whom It May Concern:	
I am the parent/legal guardian of	, a student at
School. My child will be tra	
field trip, extracurricular activity or event on the date specified below:	
TRIP/ACTIVITY/EVENT:	
LOCATION:	
DATE:	
Please be advised that it would be impractical	l for my child to return from this field trip/
activity/event on the school-sponsored transportation	. I am, therefore, assuming responsibility for my
child's return transportation from the above reference	d trip/activity/event on the date specified above and
request that my child be released to	at the
conclusion of the event. (Note: students will not be	e released to anyone under the age of 21.)
I understand that my child will only be release	sed to me as a parent or legal guardian or an
authorized adult. This form must be presented to sch	ool officials at the time my child is to be removed
from the trip/activity/event, and that school officials	may require presentation of identification prior to
authorizing the release. I also understand that my chi	ild will be returned to the school district with the
school sponsored transportation unless this form is su	ibmitted prior to the time that such transportation is
prepared to depart. I also understand that my child w	rill be returned to the school district with the school
sponsored transportation if I do not present myself (o	r the designated adult does not present
himself/herself) to school officials to transport my ch	ild at the time that such transportation is prepared to
depart. I also understand that this release will not be a	accepted for any field trip/activity/event other than
that which is specified above, for the date specified a	bove, and that I must submit separate notifications
for any subsequent releases from school-sponsored tr	ansportation.
DATE:	
PRINT NAME:	
SIGNATURE	