

LOWELLVILLE LOCAL SCHOOLS

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52 Rocket Place, Lowellville, Ohio 44436

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Transportation Release

Please complete the following that apply:

(To Event)

I do hereby grant my permission for my child, _____, to be transported to the following extra-curricular activity, _____ on (date) _____ by (print name) _____.

(From Event)

I do hereby grant my permission for my child, _____, to be transported home from following extra-curricular activity, _____ on (date) _____ by (print name) _____.

Parent Signature

Principal or Athletic Director Signature

Coach or Advisor Signature

This form must be completed and returned to the coach or advisor with ALL signatures BEFORE departure to the event.