Turlock Unified School District

Turlock Junior High School

Robert Ruiz
Principal

Cynthia Velazquez
Assistant Principal

Ginette Reeves
Assistant Principal

Michelle Bliss
Dean of Students

REQUEST TO TRANSPORT CHILD

_____ will drive my child, _____
(PRINT NAME of designated driver)

to / from _____ instead of having him / her take Turlock Unified School District transportation on _____.

All caution will be used throughout the trip. However, in the event your child needs emergency medical service, _____ will be solely responsible for seeking and obtaining any medical attention.

My signature on this permission slip relieves Turlock Jr. High School from any or all liability when my child leaves the game, event or study trip.

_____understands a picture ID may be required.

_____

Parent/Guardian Signature Daytime Phone Number Date

_____

Administrator's Signature Date

1 copy to classroom teacher
1 copy to Office – Shauneen Terrell

choose civility