



Turlock Unified School District

Turlock Junior High School

Robert Ruiz
Principal

Tim Norton
Assistant Principal

Laurie Harrington
Assistant Principal

Steve Hunter
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 – Donna Peterson