

# **STUDENT DRIVER (with passengers) - PARENT PERMISSION**

Stockbridge High School

**Student Driver:** \_\_\_\_\_

**Student Passenger(s):** \_\_\_\_\_

**Emergency Contact Name & Phone:** \_\_\_\_\_

**Destination:** TRIPS TO LOCAL BUSINESS AND SCHOOL BUILDINGS FOR JOURNALISM BUSINESS

**Date:** \_\_\_\_\_

**Mode of Transportation:** \_\_\_\_\_

I understand that liability for accident or injury is my responsibility and not that of Stockbridge High or Elizabeth Cyr. My student has insurance information on her or his person in case of an emergency.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date