**ALTERNATIVE STUDENT TRAVEL FORM**
**FOR SCHOOL SPONSORED EVENT**

☐ Reoccurring Event

☐ One-time Event

Student Name _____

Group _____

Event/Destination _____

Date of Event _____

Transportation Method _____

Driver's Name _____

My child has permission to take the alternate travel for the event described above. The reason for this alternative method of travel is _____

_____

_____

I hereby release and hold harmless the Clear Creek Independent School District, its Trustees, employees, and agents from any and all liability in connection with this alternate method of travel for this school trip.

_____ _____
Parent or Guardian Signature Date

☐ APPROVED

☐ DISAPPROVED

_____ _____
Signature of Principal or designee Date

- Student drivers-holding a valid driver's license **MAY NOT** transport any other student other than themselves.