



Boiling Springs High School
21 Academy Street
Boiling Springs, PA 17007

Transportation Permission Slip

Student's Name: _____

Sport/Activity: _____

Date of Event: _____

Location: _____

I certify that I am personally transporting the above named student, or have arranged for transportation as follows: _____

I agree to release South Middleton School District from all liability with the reference to the above stated Transportation.

Parent/Guardian (Print Name)

Parent/Guardian (Signature)

Administration Approval