



CENTRAL KITSAP SCHOOL DISTRICT NO. 401
Silverdale, Washington 98383

AUTHORIZATION FOR ALTERNATIVE TRANSPORT

PARENT TO TRANSPORT OWN STUDENT TO/FROM ACTIVITY

I request permission to transport my student, _____, on

_____ (date) to and/or from the following school activity:

To Activity

From Activity

To and From Activity

Signature of Parent

Printed Name

Date