



Resurrection Academy

Sports Transportation Permission Form

Please sign, date, and return to the school office.

My child/ren _____, has/have my

Permission to ride with the following student(s) and their parent(s)/guardian(s) for

off-campus sports practice.

Student Name

Parent Name

1 _____

1 _____

1 _____

1 _____

1 _____

Signature of Parent/Guardian _____

Date _____

Please note: This form will remain on file and function as a general permission form until rescinded in writing by a parent or guardian. Additional forms specific to events will still be required as needed.