



CENTRAL HIGH SCHOOL

PUBLIC SCHOOLS

LIFELONG LEARNING

I _____ PARENT/GUARDIAN OF
_____ AM REQUESTING THAT ON ___/___/___ HE/SHE BE
ALLOWED TO RETURN HOME WITH ME, NOT ON THE TEAM BUS. I
UNDERSTAND THAT BY SIGNING THIS FORM I RELEASE THE COACHES,
ST. PAUL CENTRAL HIGH SCHOOL AND ST. PAUL PUBLIC SCHOOLS OF ANY
AND ALL RESPONSIBILITY FOR HIS/HER SAFE TRIP HOME.

SIGNATURE OF PARENT/GUARDIAN

STUDENT

