



Transportation Permission Form

Please provide the following contact information:

Student Name _____

Grade _____ High School _____

FPTC Program _____

Please check all applicable:

Student to drive SELF to and from FPTC

Student to RIDE with another student to and from FPTC

Name of student(s) they may ride with: _____, _____

Student NOT to transport OTHERS to and from FPTC

Student to transport OTHERS to and from FPTC

(My signature below indicates that I understand when I agree to transport others I assume a personal and legal responsibility for the safety of everyone in my vehicle. I accept this responsibility and realize that it may cause me to be held liable in the event of an accident or injury to the others involved.)

Name of student(s) they may transport: _____, _____

Signature: _____

Parent/Guardian

Date: _____

Signature: _____

High School Principal.

Signature: _____

FPTC Assistant Director