

EXTRACURRICULAR ACTIVITY TRANSPORTATION FORM

My child _____ is participating in the following
after school program:

Program

Location

My son/daughter may be transported by the following designated drivers:

Name

Telephone #

Parent's Printed Name: _____

Parent's Signature: _____

Date Signed: _____

*** Children may be dismissed before closing prayers only before away games. ***

Please return to Saint Leo the Great School office.