

Monarch High School
Student Vehicle Passenger Authorization
Parent/Guardian Approval

**THIS FORM MUST BE TURNED IN AT LEAST 48 HOURS
BEFORE THE TRIP**

Student's Name: _____

Address: _____

Phone: _____

I authorize my son/daughter to utilize the type of transportation identified below for this field trip:

Ride with _____
Name of student driver

Who will: Drive own car _____ Drive family car _____

Field trip destination: University School

Departure date/time: _____ Return date/time

Signature of Passenger

Signature of Passenger's Parent

*NOTE: Maximum capacity is one (1) person per seat belt. No motorcycles/scooters, mopeds/vans permitted as transportation.

