



**TRANSPORTATION RELEASE
FOR ADULT DRIVERS**

Family Name: _____

Student Name: _____ Grade: _____

Parent/Guardian Names (Please list all parents/guardians): _____

Freedom Christian School has my permission to release my students to the following people (Please list first and last name. If a person's name is not on this list, your student will not be released.):

Please inform these individuals that they may be asked by the Freedom Christian School staff to produce picture identification.

Parent Signature: _____

Date: _____