C-O CISD
ALTERNATE TRAVEL FORM

Alternate Travel Forms must be turned in 24 hours prior to the event.

My son/daughter, _____, needs to go and/or
(Name)

return from _____ with
(Destination)

_____, by _____.
(Parent/Guardian) (Departure time)

I hereby release the Coldspring/Oakhurst Consolidated Independent School District and the sponsoring staff member(s): _____

_____
(Names of coaches/teachers/sponsors)

from all liability in connection with this alternate method of travel for this school trip.

_____ _____
Signature of Parent or Guardian Date

_____ APPROVED

_____ DENIED

_____ _____
Signature of Principal or Designee Date