

TRINITY PREP SCHOOL OF LOGANVILLE

Transportation Permission Form



Trip destination: Athletic Practices and Games

Date(s) of Trip(s): School Year _____

Student's Name: _____

_____ I give my child permission to ride with another parent or staff member.

_____ I will transport my child.

_____ I will be able to help transport _____ students in addition to my child.

Parent's Signature: _____ **Date:** _____