

EARLY RELEASE FOR ATHLETIC EVENT

School Fax # - 480-219-5767

Student's Last Name _____ First Name _____

Homeroom Teacher _____

Phone number(s) where the parent can be reached:

(H) _____ (W) _____ (C) _____

Tournament start date: _____

Tournament end date: _____

Please allow my child to leave St. John Bosco School and ride in the car with the driver listed below during the dates of this tournament. I understand that my child will only be permitted to leave school with one of these drivers.

1. _____
2. _____
3. _____

Parent Name (Printed)

Parent Signature

Date _____

**Please remember that children must be 12 years old in order to ride in the front seat of automobiles that have front passenger airbags.*