



# FORT BRAGG UNIFIED SCHOOL DISTRICT

Lura Vieira, Principal

Fort Bragg Middle School

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500 N. Harold Street, Fort Bragg, California 95437-3397 Telephone (707) 961-2870 Fax (707) 964-9416

## FORT BRAGG MIDDLE SCHOOL / PERMISO PARA VIAJAR CON PADRES

Fecha\_\_\_\_\_

Yo,\_\_\_\_\_ (Padre/Guardián)

de:\_\_\_\_\_ (Nombre del Estudiante),

solicito permiso para transportar a mi niño a eventos de Fort Bragg Middle School

durante el año escolar de \_\_\_\_\_. Al presentar de esta forma a la escuela, estoy

de acuerdo que Fort Bragg Middle School no tiene ninguna responsabilidad que pueda

ocurrir directa o indirectamente a consecuencia de este pedido de transporte.

Firma de Padre/Guardián\_\_\_\_\_Teléfono\_\_\_\_\_

Directora\_\_\_\_\_

Entrenador/Consejero\_\_\_\_\_

**\*\*SOLAMENTE PARA EL NIÑO CUYO NOMBRE SE ENCUENTRA ARRIBA\*\***

UTILICESE LA FORMA “PRIVATE DRIVER APPLICATION FOR VOLUNTARY DRIVERS” FORM SI VA A TRANSPORTAR A OTROS ESTUDIANTES



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## FORT BRAGG MIDDLE SCHOOL PERMISSION TO TRAVEL WITH PARENTS

Date \_\_\_\_\_

I, \_\_\_\_\_ (Parent/Guardian)

of: \_\_\_\_\_ (Student's Name), request

permission to transport my child to and/or from Fort Bragg Middle School events for the school year \_\_\_\_\_. Upon presentation of this form to the school, I thereby relieve Fort Bragg Middle School of any/all liability which may arise directly or indirectly as a result of this transportation request.

Parent/Guardian Signature \_\_\_\_\_ Phone: \_\_\_\_\_

Administrator \_\_\_\_\_

Coach/Advisor \_\_\_\_\_

**\*\*FOR ABOVE NAMED CHILD ONLY\*\***

**USE "PRIVATE DRIVER APPLICATION FOR VOLUNTARY DRIVERS"  
FORM IF TRANSPORTING OTHER STUDENTS**