



COLUMBIA-MONTOUR

Area Vocational-Technical School

5050 Sweppenheiser Dr. • Bloomsburg, PA 17815-8920 • www.cmvf.us • Ph: (570) 784-8040 • Fax: (570) 784-3565

Student-Athlete Transportation Permission Form

On _____ (date), I give permission for _____ (student name) to:

Please select one of the following:

- Ride home with _____ after today's sporting event.
- Transport himself/herself to and from today's sporting event.
- Ride home with his/her parent or guardian after today's sporting event.

Parent Name: _____ Parent Phone Number: _____

Parent Signature: _____



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