

DHS National Honor Society Transportation Permission Slip

Printed Student Name: _____

Printed Parent/Guardian: _____

Address: _____ Zip: _____

Home Phone: _____ Cell: _____

Emergency Contact Name/Phone: _____

I give permission for my child **to ride or drive to** and/or from activities in a student driven car. Should I deny this permission, it will become my responsibility to provide necessary transportation to and from the activity.

Date: _____

Signature of Parent: _____

I give my son/daughter permission **to transport** students to and/or from planned activities providing the riders have permission from their parents/guardian to ride in a student driven car.

Date: _____

Signature of Parent: _____

I give permission for _____ to be a part of the Dulles High School National Honor Society. I understand that being in this organization may entail some outside hours during lunch, evenings, or weekends. An absence of cooperation will result in a demerit. Once the student receives 3 demerits, he/she will be denied further participation and removal from the organization. I agree that FBISD, Dulles High School, and the DHS NHS sponsor will not be held responsible for any accident or misfortune which might occur in connection with these activities and do grant permission for medical treatment/aid to be given as deemed necessary.

Date: _____

Signature of Parent: _____