

CAPE MAY COUNTY SPECIAL SERVICES SCHOOL DISTRICT
Ocean Academy • Cape May County High School

PARENTAL PERMISSION FOR STUDENT TRANSPORTATION

I hereby give permission for my child, _____, to be
(Please Print Name of Student)

transported to and from school by, _____, for the 2023/2024
(Please Print Name of Staff Member)

school year, which permission is valid for the entire school year.

As part of giving this permission, I/We agree to hold the Board completely harmless and indemnify the Board, from any claims or suits of any kind whatsoever, of or relating to this transportation. I/We understand that the Board is not responsible for any loss or damage the student may incur.

(Print Name of Parent/Legal Guardian)

(Signature of Parent/Legal Guardian)

(Date)

(Emergency Phone Number)