



# Washington Bands

Washington High School  
Sioux Falls, SD

### Permission to Ride Home with Parent

I, \_\_\_\_\_, give my child, \_\_\_\_\_ permission to ride home  
(Parent/Guardian) (Printed Name)

with me following the band event on \_\_\_\_/\_\_\_\_/\_\_\_\_. I will meet the director or chaperone with my son/  
daughter to check out prior to leaving.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Phone Number

\_\_\_\_\_  
WHS Administrator Signature

\_\_\_\_\_  
Date

This form must be completed, and submitted to the **activities office** 24 hours prior to the bands departure for the event.



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