



Coldspring-Oakhurst CONSOLIDATED I.S.D.

PO BOX 39
Coldspring, TX 77331
(936)653-1115
Business Office FAX :(936)653-3031
Superintendent FAX: (936)653-2197

Alternate Travel Form

Alternate Travel Forms must be turned in 24 hours prior to the event

My child, _____, needs to go and/or return from
Child's Name

_____ with _____, by _____
Destination Adult driver's name Car/Bus/Other

Departure Time

The reason for this alternate method of travel is _____

For the safety of my child, I acknowledge and agree that the school district will require a form of photo identification of the adult driver designated on this form before the school district will release any child to the designated driver. I agree that the designated driver will be required to sign a form accepting full responsibility for the safety and supervision of my child before my child is released by the school district.



I hereby release and hold harmless the Coldspring-Oakhurst Consolidated Independent School District, its Board members, employees, and agents from any and all liability and claims in connection with this alternate method of travel for this school trip.

Names of coaches/teachers/sponsors

Signature of Parent/Guardian Date



____ Approved

____ Denied

Signature of Principal or Designee Date