## Katy Independent School District

## **Request for Post-Activity Student Release**

Student's Last Name	Firs	st Name	Middle Name	Grade Level
As the parent/guardian of the above-named student, I understand that all students are required to ride to and from school-sponsored activities in District-provided transportation according to Board Policy FMG. An exception may be granted for a student to be released to the custody of his/her parent at the completion of the activity if a written request is received and approved prior to the trip.  I am hereby requesting that approval be considered for my child to be released into my custody at the completion of the following activity:				
Organization		Destination		Date of Trip
Reason for Request				
I understand that, if approval is granted, my child will only be released to me if I am present at the completion of the activity, otherwise he/she will be expected to ride on the District-provided transportation.				
Parent/Guardian's Printed Name				Telephone Number
Parent/Guardian's Signature			Date	
FOR SCHOOL USE ONLY				
☐ Approved	Signature of Sponsor			Date
Denied	0:			Ditt
Approved	Signature of Principal or Designo	ee		Date
Denied				