

LIVE OAK HIGH SCHOOL TRAVEL ROSTER



Event _____

Supervisor(s) _____

Leaving: _____

Travel Date/Time _____

Return: _____

Destination _____

Transportation District Van
 Walking

District Bus
 Private Vehicle

****It is the responsibility of the supervisor to verify the identity of the person checking out the student****

If in doubt, call an administrator. Signature on this form is REQUIRED for student release

	Student Name <i>List in alphabetical order by last name</i>	Emergency Phone	Parent/Guardian Names	Note?	Signature - Left With Parent
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