

McCabe Union Elementary School District

701 W. McCabe Road ~ El Centro, California 92243

McCabe: Phone (760) 352-5443 ~ Fax (760) 352-6812

Corfman: Phone (760) 335-5200 ~ Fax (760) 352-4398

TRIP SLIP

As the parent/guardian of a current McCabe Elementary School student, I am requesting permission to transport my child from a McCabe Elementary School function in my own automobile. I hereby release the McCabe Union School District of all liability of my child once the student is under my care. I will provide the district office with the following information as well as a copy of my current driver's license and automobile insurance.

Student Name: _____

Teacher Name: _____

Fieldtrip Destination: _____

Date of Fieldtrip: _____

Parent/Guardian Name: _____

Parent/Guardian Phone/Cell Number: _____

Drivers License Number: _____ Exp Date: _____

Auto Insurance Carrier: _____

Auto Insurance Policy Number: _____ Exp Date: _____

Parent Signature: _____

Date: _____

FOR OFFICE USE ONLY

Superintendent/Designee Signature: _____

Fieldtrip #: _____ *Driver:* _____

Office ~ original

Teacher ~ copy

Driver ~ copy