



The Oxbow School Transportation/Off Campus Permissions

(To be completed by a parent/guardian)

This form grants authorized permission for family members and close family friends to take your student off campus.

Student Name: _____
Last First Middle

I give permission for my student to take a taxi to doctor appointments or to the Evans Shuttle Terminal in the rare event an Oxbow faculty or staff member is not available to provide transportation. (The cost of the taxi will be paid by the student.)

Family Members: (other than parents)

1) Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Relationship: _____

Add to Oxbow's mailing list.

Permission to take my student off campus.

2) Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Relationship: _____

Add to Oxbow's mailing list.

Permission to take my student off campus.

3) Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Relationship: _____

Add to Oxbow's mailing list.

Permission to take my student off campus.

4) Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Relationship: _____

Add to Oxbow's mailing list.

Permission to take my student off campus.

Family Friends:

1) Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Add to Oxbow's mailing list.

Permission to take my student off campus.

2) Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Add to Oxbow's mailing list.

Permission to take my student off campus.

Signature of Parent(s)/Guardian

Date: _____