



Parental Permission,

23100 Clarkrange Hwy
Monterey, TN 38574
T 931.839.6675
F 931.839.6673

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I give my permission for my child to ride with the following relatives as drivers for trips off campus. I will not hold Heritage Academy responsible for incurred losses or injury to my child while off campus.

Driver's Name _____ Relationship _____ Age _____ Phone (____) _____ - _____

Address _____ City _____ State _____ Zip _____

Driver's Name _____ Relationship _____ Age _____ Phone (____) _____ - _____

Address _____ City _____ State _____ Zip _____

Driver's Name _____ Relationship _____ Age _____ Phone (____) _____ - _____

Address _____ City _____ State _____ Zip _____

Driver's Name _____ Relationship _____ Age _____ Phone (____) _____ - _____

Address _____ City _____ State _____ Zip _____

Driver's Name _____ Relationship _____ Age _____ Phone (____) _____ - _____

Address _____ City _____ State _____ Zip _____

Driver's Name _____ Relationship _____ Age _____ Phone (____) _____ - _____

Address _____ City _____ State _____ Zip _____

Signed _____ Date _____

Signature of Parent/Guardian

State of _____ County of _____

Sworn to and subscribed before me this _____ day of _____, 20_____

My commission expires _____

Notary Public