TRAVEL RELEASE

Spartanburg Christian Academy

Student Name:	Teacher:	Grade:
Field Trip/Event:		
Date of Event:	Location of Event:	
I am requesting approval for the a	bove named student to be excused from	riding the bus
to – from – both (circle one) the a	bove listed event. The reason for this r	request is as follows:
I certify that I am personally trans	sporting the above named student, or have	ve arranged for transportation
with the following adult (non-stud	lent)Name of Adu	ult
	ristian Academy requires that students ri	
and from all SCA events and a de	parture from this requirement will relea	se Spartanburg Christian
Academy from all liability for an	y adverse results that may occur. I agre	e to release Spartanburg
Christian Academy and its employ	yees and officers from all liability with	reference to the above stated
transportation.		
•	be on file in the SCA office prior to the will be notified if approval is not gran	•
Signature of Parent or Guard	lian	 Date
☐ Approved ☐ Not Approv		nature of Principal/Headmaster