

**FAYETTE COUNTY PUBLIC SCHOOLS**

701 East Main Street  
Lexington, Kentucky 40502  
(859) 381-4100

**PARENTAL PERMISSION FOR  
EXTRA-CURRICULAR ACTIVITY/STUDENT TRANSPORTATION**

*This form is used to establish formal parental permission for student transportation.*

I, \_\_\_\_\_, parent/legal guardian of \_\_\_\_\_, hereby grant permission to Fayette County Public Schools to transport my child to the activities listed on the attached schedule. My child participates in the extra-curricular activity of \_\_\_\_\_ at \_\_\_\_\_ School. I acknowledge the attached activity schedule denotes the destination(s), date(s), and departing time(s) from school. The return to school will be immediately after the activity has concluded.

In the event Fayette County Public Schools are not providing transportation, I acknowledge and understand the mode of transportation is noted on the activity schedule.

By signing this form I am acknowledging and agreeing to the mode of transportation to be used. I do further certify that I am of full legal capacity to execute this authorization.

Date: \_\_\_\_\_

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN