



# HOLY SPIRIT

PREPARATORY SCHOOL

## 2016 - 2017 Activity and Transportation Waiver

STUDENT LAST NAME		STUDENT FIRST NAME		
STREET ADDRESS		CITY	STATE	ZIP CODE
AGE	GRADE			
PARENTS/GUARDIANS' NAMES				
CELL PHONE	HOME PHONE	WORK PHONE		
E-MAIL ADDRESS				

PLEASE READ CAREFULLY AND SIGN THE FOLLOWING STATEMENT:

I hereby give permission for my child: \_\_\_\_\_ to attend on or off campus school organized or sponsored activities on their scheduled (or any rescheduled) day and to be transported by school bus, private bus, public transportation, van or private vehicle(s) as determined by the school. For myself and the named child; I hereby waive and release any claim against Holy Spirit Preparatory School and its members, board, employees, servants, volunteers and agents for any injury or loss incurred by my child during such activities (save for any personal injury directly resulting from gross negligence on the part of the school) and agree to indemnify the school and its members, board, employees, servants and agents against any expenses, loss or damages incurred as a consequence of any action or inappropriate inaction on the part of my child. I confirm that there are no medical or other circumstances that should be known to the chaperone(s) that are not appropriately detailed on the reverse of this permission slip.

Check here if there are any notes on the reverse.

SIGNATURE OF PARENT/GUARDIAN	DATE
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*Please sign and return to:*

**Holy Spirit Preparatory School**

*Attn: Karen Browning*

*4449 Northside Drive*

*Atlanta, GA 30327*

[kbrowning@holyspiritprep.org](mailto:kbrowning@holyspiritprep.org)