

Holly Springs High School Golden Hawks Band  
A Tradition of Excellence



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**Band Permission for Alternative Transportation**

*To be turned in to Mr. B at least three days prior to the event, and chaperone to be notified day of the event of alternative transportation.*

Name of Student: \_\_\_\_\_

Name and Place of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_

My son/daughter will not be riding the bus home from this event. My son/daughter will ride home from this event by private vehicle with:

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(name of adult family member or other adult providing transportation).

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Email Address:** \_\_\_\_\_