

SENIOR LUNCH PRIVILEGE PERMISSION SLIP

2023 - 2024

My son/daughter	has my permission to leave the Providence School Campus every
Friday (and other delegated days) during l	unch for the 2023-2024 School Year. I, the undersigned, do forever release,
acquit, discharge and covenant to hold har	mless, Providence School, their heirs, successors and assigns of and from any
and all actions, causes of actions, claims,	demands, damages, costs, loss of service, expenses and compensation, on
account of, or in any way growing out of,	any and all known and unknown personal injuries and property damage which
may now or hereafter incur as a direct or in	ndirect cause of Senior Privileges of the undersigned, their student, successors
and assigns which may arise from the tran-	sportation provided by their student or provided by another student transporting
their student to and from Senior Lunch.	
**I understand my son/daughter ma	y ride with or drive another student to Senior Lunch.
In order to ensure the safety of our student(s). (Please initial to express ag	lents, we ask that you review the criteria listed below with your reement):
I agree to obey all traffic rules and	regulations, speed limits, and seat belt laws;
	school carries liability insurance, the school's insurance policy will not wn personal vehicles – coverage will be through my own insurance
I verify that I have a valid driver's	license and car insurance
I agree that if I have any disciplina	ry infractions that my senior lunch privilege can be revoked at any time.
Student name	License exp. date
Student cell phone number	
Vehicle model/year	License plate number
A signed copy of this form, along with a p	hotocopy of your student's driver's license and insurance card must be on file
before you are permitted to participate in S	
I have read the above criteria and confi	rm that my student qualifies as a driver to and from Senior Lunch.
Student signature	Date
	Date