

EXHIBIT D PLAINVIEW INDEPENDENT SCHOOL DISTRICT
REQUEST FOR ALTERNATE MEANS OF TRAVEL FOR SCHOOL TRIP

My child, _____ (*name*), needs to go to and/or
return from _____ (*destination of trip*) with
_____ (*adult driver's name*) by _____ (*car, bus,*
other) at _____ (*departure time*).

The reason for this alternate method of travel is _____
_____.

I hereby release and hold harmless the Plainview Independent School District,
its Trustees, employees, and agents from any and all liability in connection with this alternate
method of travel for this school trip.

Parent signature _____

Date _____

Signature of principal or designee _____

Date _____

_____ APPROVED

_____ DISAPPROVED