



Driving Parental Consent Form

Gilbert Christian Schools, Inc.
1424 S Promenade Ln.
Gilbert, AZ 85296
480.279.1366
Fax 480.279.5433

By signing below, we give permission for our child, _____, following the
(Child's name)
conclusion of the _____ on _____ to leave the premises with
(Activity/Event) (Date)
_____, an adult 21 years old or older.
(Adult age 21 or older)

IT IS HEREBY understood that we release Gilbert Christian Schools, its Board of Directors, employees, agents, and representatives from any claim we may have resulting from any illness or injuries sustained by our child while under the supervision of the above names individual we have chosen to allow our child to leave the premises. We further agree to hold harmless Gilbert Christian Schools, its Board of Directors, employees, agents, and representatives from any injury or damage, which may be caused by our child(ren).

Home Phone Number

Father's Name

Father's Work Phone

Father's Cell Phone

Mother's Name

Mother's Work Phone

Mother's Cell Phone

Parent/Guardian Signature

Date

IT IS THE POLICY OF GILBERT CHRISTIAN SCHOOLS TO NOT ALLOW A STUDENT TO DRIVE TO OR FROM AN ACTIVITY/EVENT ON THEIR OWN OR WITH ANYONE WHO IS NOT AT LEAST 21 YEARS OF AGE. IT IS EXPECTED THAT ALL STUDENTS WILL TRAVEL TO AND FROM ALL ACTIVITIES/EVENTS WITH PRE-ARRANGED SCHOOL TRANSPORTATION.