

**STUDENT TRAVEL INFORMATION/INFORMED CONSENT  
PARENT/GUARDIAN AND STUDENT  
ALPINE SCHOOL DISTRICT**

School \_\_\_\_\_

Instructor \_\_\_\_\_

Program \_\_\_\_\_

Dear Parent or Guardian:

Your child is enrolled in the educational program identified above and will have the opportunity to participate in supervised class activities that will require you to be responsible for your student's transportation to and from an off-campus lab site. The lab site has been selected because of the enhanced learning opportunities for your student.

If you have any questions regarding the program, please contact the Instructor to arrange for a visit.

Thank you for your assistance.

Instructor \_\_\_\_\_

I have read this communication and understand the type of program in which my child is enrolled. I understand that I must take complete responsibility for my student's transportation to and from the off-campus lab site.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian

Phone Numbers \_\_\_\_\_  
Home Work