

"Hitch a Ride" Program Information

Staff Requesting Student,(s) to "Hitch a Ride"_____.

Campus_____.

Student_____ Campus_____.

Student_____ Campus_____.

Student_____ Campus_____.

Student_____ Campus_____.

Student_____ Campus_____.

Staff Signature and Date:_____.

Principal Signature:_____.

Please keep a campus copy of this form and send a copy to the Operations Department.