SC Governor's School for Agriculture
AT JOHN DE LA HOWE

Off-Campus/Overnight

Please send completed forms to residential.life@delahowe.sc.gov 48-HOURS in advance of your student's departure. Forms need to be completed each time a student departs campus.

Student Name: _____

Residence Hall: _____

Date of Departure: _____

Time of Departure: _____

Date of Return: _____

Time of Return: _____

Transportation:

_____ Student is driving self, off campus in personal vehicle.

_____ Student leaving with another student in another student's vehicle.

Student who will be driving: _____

_____ Student departing with custodial parent.

Parent picking up student: _____

_____ Student is departing with a non-custodial parent or other adult.

Non-Custodial parent or another adult picking up student: _____

_____ My student has permission to transport the following students: _____

_____

*If no students noted it will be assumed that your student will be unable to transport other students

_____ My student does not have permission to transport the following students: _____

_____

Contact phone number for driver: _____

Contact phone number for student: _____

Reason for Departure: _____

_____

_____

Parent Name: _____

Parent Signature: _____

Parent Contact phone Number: _____

Staff Use Only:

Student Services Staff Member: _____

Date of Approval: _____