



La Vernia FFA Travel Permission Form



FOR PARTICIPATION IN SCHOOL SANCTIONED EVENTS DURING THE 2026-2027 SCHOOL YEAR AS A MEMBER OF THE LA VERNIA HIGH SCHOOL AGRISCIENCE/FFA DEPARTMENT.
FACULTY SPONSORS: Emily Allred, Aerin Schulze, Claire Golden , Jesica Thornburgh, and Mike Wallace

Student:

Grade Level:

Parent/Guardian Name(s):

Parent/Guardian Phone and Email(s):

The above named student has my consent to travel to and/or from each event participated in by this organization during the 2026-2027 school year including all errands and activities related to duties and assignments made to members enrolled in the Agriscience/FFA class. The mode of transportation may be provided by LVISD transportation, or a parent, or the above named student.

The above-named student has my consent to ride with another member of the Agriscience/FFA

Please initial: No _____ Yes _____. **If yes, on the back of this form, please let the names of the students with whom your child may ride.**

I understand that the student may not be chaperoned/supervised while en route or while participating in some activities.

All students must abide by the state, district, and campus policies at all Agriscience/FFA-sponsored events, whether held during regular school hours, after school hours, or on weekends and holidays. I understand that a student who violates said policies may be subject to disciplinary consequences per the LVISD STUDENT CODE OF CONDUCT, including possible removal from future participation in FFA events/activities.

I understand that infractions to any of these said policies, which include theft, vandalism, and possession of alcohol and/or illegal substances, will result in notifications of the parent/guardian, and my child being returned to school at the parent's expense with no reimbursement of funds.

I agree to, and hereby, release La Vernia Independent School District and its trustees, employees, sponsors, and volunteers from all legal responsibility from liability resulting from any activities of this organization, including liability caused by or related to the negligence of any such party.

I agree or do not agree (please circle one) to allow my child to swim at any events that swimming opportunities are available.

This form must be signed and returned to the sponsor before the student will be permitted to participate in any activities of this organization.

Please sign on the back



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Signature of Student:

Date:

Signature of Parent/Guardian:

Date:

Please sign on the back