

**MARSHALL
ACADEMY TRANSPORTATION
(Non-Marshall Students Only)**

Student Name (Please Print)

PARENTS – YOU MUST SIGN ONLY IN THE APPROPRIATE BOXES BELOW

My student must RIDE A SHUTTLE BUS between the base school and the academy.

(Date)

(Parent/Guardian Signature)

or

My student has my permission to DRIVE between his/her base school and the Marshall Academy to attend Academy classes. My student **MAY** _____ **MAY NOT** _____ transport other students in his/her vehicle. I understand that the Fairfax County School system has no liability for students driving or riding in private vehicles to and from class.

(Date)

(Parent/Guardian Signature)

COMPLETE APPLICATION FOR USE OF PRIVATE AUTOMOBILE (ATTACHED)

and/or

My student has my permission to RIDE with another student between his/her base school and the Marshall Academy for the purpose of attending class. I understand that the Fairfax County School system has no liability for students driving or riding in private vehicles to and from class.

(Date)

(Parent/Guardian Signature)