

I _____, give permission

for my child: _____ to leave the Keystone Testing
site on his/her own, using public transportation, walking, or driving him/herself.

He/she has permission to do so on the following dates of testing: (Circle the
applicable days)

Monday

Tuesday

Wednesday

Thursday

Friday

If there are any questions or concerns regarding my student's transportation, I
can be reached at: _____. (Please provide emergency
contact number)

Thank you,

_____(Please sign here)

_____ Date