CRISTO REY
JESUIT HIGH SCHOOL

Athletics:
2026-2027 Transportation Form

Student Name: _____

Job Placement: _____

Please check the option below that pertains to you and return this form to the Corporate Internship Department**. ALL students must hand in a form!**

_____ **YES:** I have permission to be transported by members of the Athletics department on game days or leave on my own (after informing CIP I will not need transportation back to the school). I will leave work *no earlier than 4 pm* when I have transportation other than the CRJ transportation.

_____ **NO:** I plan on regularly taking CIP Transportation. In the event I need to go to work or home on my own, my parents will call CIP to confirm.

Student's Signature_____Date_____

Signature of Parent/Guardian_____Date_____

Printed Name of Parent/Guardian_____Date_____

Phone Number for Parent/Guardian_____

**Please note: Students will always have the option to use CIP Transportation, even if you selected "YES" above.*