

**APPLIED TECHNOLOGY CENTER**

**2399 WEST MAIN STREET  
ROCK HILL, SOUTH CAROLINA 29732**

**Telephone: (803) 981-1100**

**FAX: (803) 981-1125**

**I hereby give my son/daughter \_\_\_\_\_  
permission to be transported to and from job work sites, field trips, and  
activities related to their class at the Applied Technology Center. It is  
understood that the student shall be under the direct supervision of an  
ATC teacher.**

\_\_\_\_\_  
**(Signature of Parent/Guardian)**

\_\_\_\_\_  
**(Date)**