

PENN'S GROVE ATHLETIC DEPARTMENT

Request For Alternate Transportation

(All requests must be received in advance and must be signed by either the Principal, Assistant Principal, Athletic Director, or Assistant AD)

Athletes Name: _____ Date Request Received: _____

This is to request that _____ be permitted to
Name of Student

drive/ride _____ to _____ from the _____ at _____
Name of Event Location

on _____. He/She will _____ drive or will be transported by
Date

Name of Adult Providing Transportation

I understand that it is athletic department policy to have students ride to and from away contests on the team bus. I further understand that by allowing this student to drive or be transported by another person, I am assuming responsibility for their safety and absolve the Oxford Area School District of any damages to the vehicle or injuries that may occur as the result of an accident.

Parent/Guardian Signature

Date

School Officials Signature/Title

Date