

Oxford High School Athletic Department

Request for Alternate Transportation

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

Athletes Name: _____ Date Request Received: _____

This is to request that _____ be permitted to ride to
Name of Student
_____ at _____ on _____. He/ She will be
Event Location Date/Time
transported by _____.
Name of Person Providing Transportation

Parent Contact #: _____

I understand that by allowing my son or daughter to drive the specified students that I absolve the Oxford Area School District and employees of any damages to their Vehicles, or injuries that may occur in an accident.

Student Signature

Date

Parent/ Guardian Signature

Date

Parent Contact #: _____

Athletic Director/ Principal Signature

Date