

PARENT REQUEST TO TRANSPORT STUDENT

IMPORTANT: THE KANSAS STATE HIGH SCHOOL ATHLETIC ASSOCIATION (KSHSAA) CATASTROPHIC INSURANCE POLICY WILL NOT COVER THE ATHLETE ONCE RELEASED FROM THE SCHOOL EVENT.

STUDENT NAME _____ SCHOOL _____

DATE OF REQUEST _____ ACTIVITY _____

TRANSPORT SON/DAUGHTER FROM _____ TO _____

PERSON TRANSPORTING STUDENT _____

EXPLANATION FOR REQUEST _____

PARENT/GUARDIAN INFORMATION:

PARENT/GUARDIAN NAME _____

HOME ADDRESS _____

CITY/STATE _____ ZIP _____

HOME PHONE NUMBER _____ CELL PHONE NUMBER _____

PARENTS SIGNATURE _____

APPROVED / DENIED

ATHLETIC DIRECTOR/PRINCIPAL SIGNATURE

COACH/SPONSOR/TEACHER SIGNATURE