



Annville-Cleona School District

Athletic Transportation Request Form

Phone: 717-867-7700

FAX: 717-867-7712

This form should be completed and turned in to the HS Office 24 hours in advance for each competition where transportation will be other than the ACSD provided transportation.

_____ Parent/Guardian/Designee will drive student to contest/event and parent/guardian/designee will drive student from contest/event

_____ Student will ride the bus to the contest/event listed below, and parent/guardian/designee will drive student from contest/event

_____ Parent/Guardian will drive student to contest/event and student will ride the bus back to the high school.

Student Name: _____

Game/Event: _____ Date of Game/Event: _____

Reason for Request: _____

(If driver is not parent, please complete driver section and obtain parent signature)

Driver's Print Name: _____

Driver's Signature: _____ Date: _____

I am the Parent of Student I am the Guardian of the Student in this situation

Parent/Guardian Signature (if not the driver): _____

Parent/Guardian Print Name: _____

Athletic Director Signature: _____ Date: _____