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**Heritage Middle School**

20 Foxcroft Drive

Livingston, NJ 07039

**PERMISSION FOR ALTERNATE TRANSPORTATION**

***Although the Athletic Department does not encourage students arriving late or leaving early from***

***games, it is understood that sometimes a conflict may occur which is unavoidable. If there is a need,***

***please submit this form to the Coach or Athletic Office at least 24 hours prior, if possible, for approval.***

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sport: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Coach: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please Print)

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Request for Alternate Athletic Transportation**

**Please Check and Fill Out Appropriate Option:**

Request to (pick-up / drop off) my child from an athletic event on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .

***(Parent/guardian signature required below)***  (Date)

Request for alternate individual to (pick-up/drop) off my child from an athletic event on \_\_\_\_\_\_\_\_\_\_\_.

***(Parent/guardian signature required below)***  (Date)

\*Name of individual \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ picking up/dropping off.

(Name of Person Driving My Child To & From Event)

***\*Signature of driver listed below, is assuming the responsibility for picking up/dropping off my child,***

***driving them to and from the athletic/activity listed above. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Signature of Driver Picking-Up/Dropping Off***

Parent/Guardian Signature Date

Athletic Department Approval Date