



Kutztown Area High School Athletic

Transportation Request Form

50 Trexler Avenue, Kutztown, PA 19530 **Phone:** 484-641-5547 **Fax:** 610-894-4801

This form must be complete and submitted to the Head Coach 24 hours in advance for each competition where transportation will be other than the KASD 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 from contest/event

_____ Parent/Guardian will drive student to contest/event and

Student will ride the bus back to the high school.

_____ Student transport themselves to the contest/event due to a previous commitment.

Listed below, and will drive from contest/event

Student Name: _____

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

Reason for Request: _____

Passenger(s) Name(s) (If applicable): _____

(If applicable)

Driver's Name (Print): _____

Driver's Signature: _____ Date: _____

I am the Parent of Student I am the Guardian of the Student

Parent/Guardian Signature: _____

Parent/Guardian Print Name: _____

Head Coach/Club Supervisor Signature: _____

Coaches: Please return these completed sheets with your bus roster after the away game.