EATON COMMUNITY SCHOOLS

ALTERNATE TRANSPORTATION FORM

(In filling out this form, please PRINT the requested information and sign your name. Return form to the EHS Main Office or Athletic Office.)

SPORT	T:	
DATE	OF ACTIVITY:	
LOCAT	TION OF ACTIVITY:	
NAME	OF ALTERNATE TRANSPORTER:	RELATIONSHIP TO STUDENT:
To Pri	ncipal / Athletic Director	
policy must a	regarding school sponsored student trips is	it is understood that the usual that students leaving school by bus or other school transportation. This form must also be completed if the student is being ortation not provided by the school.
-	•	ed below), that requires our son/daughter to return home with us (the ned mode of transportation provide by the Eaton Community Schools.
	erefore, give our complete approval and assi diately upon detachment from the school spo	ume responsibility for the safety and well-being of said student onsored activity.
	ee: It is understood that the request must be r form has been submitted.	an extenuating circumstance and may not be approved after the
	o, in the event that the extenuating circumsta tted at least 24 hours before the activity for a	ance is known in advance of the activity the proper form will be approval consideration.
The na	ature of the extenuating circumstance:	
Date o	of Request:	
1.	Parent/Guardian Signature:	
2.	Student Signature:	
3.	Coach's Signature:	
4.	Principal / Athletic Director Signature:	
	Request Approved:	Request Denied:

*** Completed form must be returned to the coach. ***