



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

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