Tulpehocken Area School District Athletic Transportation Request

Deliver form to the head coach any time prior to departure from the away site.

I	, the parent or guardian, request permission to transpo	rt my child,	, back to
(name of parent/guardian) (your child's name) the school or home after today's contest. I accept all responsibility and relieve the Tulpehocken Area School District from all			
responsibilities relative	to my child's transportation back to the school from today's cont	est.	
Date of Contest:	Parent or Guardian signature:	, Date:	
	Tulpehocken Area School Dis Athletic Transportation Reque		
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