



**White Plains Public Schools**  
**WHITE PLAINS HIGH SCHOOL**  
 550 NORTH ST  
 WHITE PLAINS, NEW YORK 10605  
 914-422-2236

**Matt Cameron**  
 DIRECTOR OF ATHLETICS  
**Michael Chappas**  
 ASSISTANT DIRECTOR OF ATHLETICS

**TRANSPORTATION RELEASE FORM**

**This form must be properly completed and signed by a parent or guardian. Once signed, the form is returned to the Athletic Office. The form must be completed 24 hours prior to the extracurricular activity in order to obtain the release of a child from the transportation provided back from the site by the White Plains School District. A new form must be completed each time the release of a child is sought from the return transportation provided by the White Plains School District. (10/22)**

I, \_\_\_\_\_, request that the District release my child, \_\_\_\_\_,  
 Name of Parent/Legal Guardian Name of Student

into (my custody/the custody of a third party) at the conclusion of the extracurricular activity listed below.  
 Choose Only One Option

My child does not need return transportation from the District. The applicable information is as follows:

**Extracurricular Activity:**

\_\_\_\_\_ Identify Athletic Competition, Field Trip or Other Event

\_\_\_\_\_ Location of Activity

\_\_\_\_\_ Date of Activity

**Third Party Information:**

\_\_\_\_\_ Name

\_\_\_\_\_ Relationship to Child

\_\_\_\_\_ Address

\_\_\_\_\_ Telephone

I assume full responsibility for bringing my child home or authorizing his or her transportation back from the site of the extracurricular activity with the above third party. I understand that under no circumstances will the District release my child to anyone other than the person named on this form.

\_\_\_\_\_ Signature of Parent/Legal Guardian

\_\_\_\_\_ Print Name of Parent/Legal Guardian

\_\_\_\_\_ Date