## Hastings Public Schools

Physical Education, Health and Athletics

One Mount Hope Boulevard Hastings-on-Hudson, New York 10706

Phone: (914) 478-6241 Fax: (914) 478-6406 http://www.hohschools.org



A National Blue Ribbon District of Excellence

Andrew Wendol
Director of Health,
Physical Education and Athletics

## REQUEST FOR RELEASE FROM SCHOOL-SPONSORED TRANSPORTATION

TO WHOM IT MA	CONCERN:	
a student at Hast	gal guardian of gs Public School. My child will be traveling on school-sponso n athletic sporting event on the date specified below.	 orec
ATHLETIC SPORTI	G EVENT:	
LOCATION:	DATE:	•
athletic sporting assuming respons referenced athlet	I that it would be impractical for my child to return from vent with the school sponsored transportation. I am there coility for my child's return transportation from the above sporting event on the date specified above and request that are me at the conclusion of the event.	fore
guardian, and th require presenta understand that a	my child will only be released to me as a parent or le t I must present myself to the school officials/coach and on of identification prior to authorizing the release. I new release form must be submitted for each subsequent rele red transportation.	may also
DATE:	PRINT NAME:	<b>_</b> •

SIGNATURE: