



**BEDFORD NORTH LAWRENCE HIGH SCHOOL
ATHLETIC DEPARTMENT**

595 Stars Boulevard - Bedford, IN - 47421

Phone: (812) 279-6444

Fax: (812) 277-3610

Member Hoosier Hills Conference

PARENT TRANSPORTATION REQUEST

**THIS FORM MUST BE TURNED IN TO THE ATHLETIC
DEPARTMENT AT LEAST 1 DAY BEFORE THE DATE OF TRIP**

Date of request: _____

Name of Student: _____

Date of Trip: _____

I request that _____ (student name) be allowed to ride home

from _____ with _____ instead of

riding home on the NLCS provided transportation. My signature below indicates
that I accept full responsibility for the return trip.

Parent signature: _____

Date: _____