Hazlehurst City School District
Excellence is the Expectation
Dr. Nonya C. Thrasher, Interim Superintendent
119 Robert McDaniel Drive Hazlehurst, MS 39083
PH: 601.894.1152 | FAX: 601.894.3170 | WEB: WWW.HAZLEHURST.K12.MS.US
TRANSPORTATION DEPARTMENT

Athletic Transportation Request Form

Today's Date: _____

Department Requesting Trip: _____

Date of Athletic Event: ___/___/___ Destination: _____

Purpose: _____
_____
_____

Safety Monitor (required by law): _____ # of Athletes: _____ # of Parents: _____

Time of Departure: _____ Estimated time of Return: _____

Source of Funds: ___District Funds ___Activity Funds ___Federal Funds ___Athletics
___Other_____

Supervising Employee/Coach: _____ Date: _____

Principal/Supervisor: _____ Date: _____

____ Approved ____ Denied: _____

Transportation Director: _____ Date: _____

____ Approved ____ Denied: _____

Superintendent: _____ Date: _____

Driver(s) / Phone Number	**Chaperone(s) / Phone Number**
_____	_____
_____	_____
_____	_____

If for any reason(s) the scheduled athletic event is cancelled and/or changed, please send the transportation department an email to notify them of the change and/or rescheduled date and time.*

NOTE: Approval will not be granted until a complete student-athlete roster is provided.

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Athletic Transportation Request Submission Checklist:

Please submit all requests three weeks in advance.

☐ Athletic Activity Schedule

☐ Complete Student-Athlete Roster w/ Parental Information

☐ MapQuest

☐ Driver(s) listed (please indicate specific drivers.)

☐ Notes: _____

- _____
- _____
- _____
- _____
- _____

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