



Beavercreek High School

2660 Dayton-Xenia Road
Beavercreek, OH 45434
(937) 429-7547
FAX (937) 429-7546

Marian West
Principal
Roger Gilbert
Garey Martin
Tim Walsh
Jason Whitaker
Asst. Principals

Inspiring today, preparing for tomorrow

ALTERNATE TRANSPORTATION FORM

(Please complete, sign and return to **BHS Main Office – Activities, Athletic Office - Sports**)

SPORT/ ACTIVITY: _____

DATE OF ACTIVITY: _____

ACTIVITY LOCATION: _____

To Principal / Athletic Director:

As Parents/Guardians of _____

It is understood that the usual school policy regarding school sponsored student trips is that students leaving school by bus must also return by bus.

Unusual circumstances have arisen, as described below, that requires our son/daughter to return home with us (the parent or guardian) rather than the above mentioned school bus.

We, therefore, give our complete approval and assume responsibility for the safety and well-being of said student immediately upon detachment from the school sponsored activity.

****Notice:** It is understood that the request must be an unusual circumstance and may not be approved after the proper form has been submitted.

Reason for request:

Date: _____

1. Parent/Guardian Signature: _____

2. Student Signature: _____

3. Principal/Athletic Director Signature: _____

Request denied: _____ Request approved: _____

4. This form is to be returned to the coach/advisor upon completion.

5. Coach/Advisor's signature: _____