



Bedford North Lawrence High School

ATHLETIC DEPARTMENT

595 Stars Boulevard, Bedford, Indiana 47421

Phone (812) 279-6444, Fax (812) 277-3610

Member Hoosier Hills Conference



PARENT TRANSPORTATION REQUEST

THIS FORM MUST BE TURNED IN TO YOUR COACH 24 HOURS BEFORE THE EVENT.

Name of student _____

Date of trip _____

Type of event _____

Date of request _____

I request that _____
(name of student)

be allowed to ride home from _____

with _____ instead

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

SIGNED: _____
(parent or guardian)

Athletic Director, Jeff Callahan. callahanj@nlcs.k12.in.us