



SUFFIELD MIDDLE SCHOOL

350 MOUNTAIN ROAD
SUFFIELD, CONNECTICUT 06078
Phone (860) 668-3820
Fax (860) 668-3088

DAMON PEARCE, Principal

REQUEST for PARENT/GUARDIAN to TRANSPORT CHILD from ATHLETIC CONTESTS

(please print)

I hereby request that I be allowed to transport my child,
_____ from the _____
athletic contest on _____.

I understand that Suffield Public Schools provides transportation for
these events and is hereby released from this responsibility.

Date: _____ Parent Signature: _____

Coach or Administrator Signature: _____

Per Student Handbook:

***NOTE: All members of the athletic teams are to travel by the
transportation furnished by the school. (Exception may be granted by
the coach only in an emergency upon the direct request of the
parents. A written request from a parent/guardian must be given to
the coach 24 hours before the event.)***

Our Learning Community Values Respect
and Responsibility for All