

**Special Activities Transportation Request**

Please complete the following form and submit to the designated Principal's Office, at least twenty-four (24) hours in advance of the scheduled activity.

Date: \_\_\_\_\_ Student's Name: \_\_\_\_\_

Teacher/Homeroom Teacher: \_\_\_\_\_ (For YES and YMS)

Activity: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby request that my son/daughter \_\_\_\_\_ be transported as described below so that my son/daughter may attend a York Public School sponsored activity due to the fact that York Public Schools is not requiring my son/daughter to attend the scheduled activity and that York Public Schools is unable to provide transportation due to unusual or special circumstances, or because our family has an unusual circumstance or emergency that necessitates my son/daughter to utilize alternate transportation.

**Please explain in detail the reason for this request.**

I understand and agree that York Public Schools is not and will not be held liable, in any manner, for any damages, injuries, or other costs that may be incurred as a result of this special request to have another adult transport my son/daughter to a York Public Schools activity.

Transporting Person: \_\_\_\_\_  
(Must be at least 21 years of age)

Age and relationship (if other than parent) \_\_\_\_\_  
\_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Approved

\_\_\_\_\_ Not Approved

Comments:

Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_