

**FAIRFIELD LOCAL
ATHLETIC DEPARTMENT
REQUEST FOR ALTERNATE
TRANSPORTATION**



STUDENT-ATHLETE'S NAME _____

SPORT/ACTIVITY _____

DATE OF EVENT/GAME _____ DATE OF REQUEST _____

REASON FOR ALTERNATE TRANSPORTATION:

PARENT SIGNATURE _____

DATE _____

ATHLETIC DIRECTOR APPROVAL _____ DATE _____

*(ALTERNATE TRANSPORTATION **TO** AN EVENT/GAME IS GRANTED BY THE ATHLETIC DIRECTOR ON A CASE BY CASE BASIS AND IS ONLY GRANTED IN EXTREME EMERGENCY SITUATIONS)*