

Poway High School

Athletic Department



Alternate Transportation Request

Today's Date : _____

Athlete Name: _____

Parent Name: _____

Parent Phone #: _____

Team, Level: _____

Event Location: _____

Requesting alternate transportation (circle one): **TO** **FROM** event.

Reason for request: _____

Who is providing the transportation? (circle one) Parent Student

Parents and students may not transport other students in their vehicle.

SIGNATURES

Athlete: _____

Parent: _____