

BRANFORD PUBLIC SCHOOLS

1111 Main Street, Branford, CT 06405-3717 203.488.7276 • Fax 203. 315.3505

THIS FORM MUST BE FILLED OUT AND SUBMITTED TO THE ATHLETIC DIRECTOR IF SON/DAUGHTER WILL USE ALTERNATE TRANSPORTATION DURING A SPORTS SEASON.

I give permission for my student athlete,, who is a member of the
NOT to ride the bus to and from school on the following date(s) Transportation will be provided by
to and from each contest.
*I assume full responsibility for this decision and release Branford Public Schools and any of its agents/coaches, assigns, and/or heirs from any liability. *
Parent/Guardian Signature
Printed Name of Parent/Guardian
Date of Signature