

**Stayton High School  
Student Athlete  
Transportation Permission Form**

This form must be turned in to the office for verification **AT LEAST 1 DAY** prior to departure

**PLEASE PRINT**

Sport/Activity: \_\_\_\_\_

I, \_\_\_\_\_, give permission for \_\_\_\_\_  
Student Athlete Name

To ride with \_\_\_\_\_ to/from (circle one)

\_\_\_\_\_ on \_\_\_\_\_  
Location Date

\_\_\_\_\_  
Parent/Guardian of Student Athlete- Signature

\_\_\_\_\_  
Adult Transporting Student- Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Phone Number

**FOR OFFICE USE ONLY**

Received and Verified on: \_\_\_\_\_  
Date and Time

Reviewed Signatures by:     Witnessed Signature     Phone Call     Student Records

Transporter's relation to student:     Relative     Team Mate     Other

\_\_\_\_\_  
District Employee Printed Name

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date