



# Southern Lehigh High School

5800 Main Street Center Valley, PA 18034  
(610) 282-1421 Ext. 7570 ~ Fax (610) 282-2615

Donald L. Harakal, CAA  
Athletic Director

## SPECIAL TRANSPORTATION PERMIT

\*\*\*\*MUST BE SUBMITTED 24 HOURS IN ADVANCE\*\*\*\*

\_\_\_\_\_ Student will not be riding the bus to the game/event indicated below as they have my/our permission to drive them self to the game/event.

\_\_\_\_\_ Student will not be riding the bus from the game/event indicated below as they have my/our permission to drive them self from the game/event.

\_\_\_\_\_ Student will not be riding the bus to the game/event indicated below as I/we will be driving the student to the game/event.

\_\_\_\_\_ Student will not ride the bus to the game/event indicated below as I/we will be driving student to the game/event – student will, however, be riding the bus from the event.

\_\_\_\_\_ Student will ride the bus to the game/event indicated below and I/we will drive the student from the game/event – student will not be riding the bus from the event.

### STUDENT MUST STAY UNTIL THE CONCLUSION OF THE EVENT

Game/Event: \_\_\_\_\_ Date of Game/Event: \_\_\_\_\_

Reason for Request \_\_\_\_\_

Driver's Name: \_\_\_\_\_

Passenger(s) Name(s): \_\_\_\_\_  
(If applicable)

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I am the  Parent of the Student       I am the Guardian of the Student

Parent/Guardian Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

\_\_\_\_\_  
Athletic Director or Administrator Signature