



**COMANCHE**

1601 First Avenue

Dodge City, KS

Phone (620) 371-1108

Fax (620)339-4802

Justin Briggs

Athletic Director

Football

Volleyball

Cross Country

Girls Basketball

Boys Basketball

Wrestling

Soccer

Track

Cheerleading

Drill Team

# Request to Transport Student from Game Site or Activity

I, \_\_\_\_\_, request permission  
to transport my child, \_\_\_\_\_,  
from \_\_\_\_\_ on \_\_\_\_\_ (date).

Students will be released only if this form is completed and  
approved in advance. **Students will be released to their  
parents at the site of the contest.** Please give a brief reason  
why your student will not return back on the bus.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Signature

Date

\_\_\_\_\_

\_\_\_\_\_

Coach Signature

Date

\_\_\_\_\_

\_\_\_\_\_

Athletic Director

Date

\_\_\_\_\_

\_\_\_\_\_