



Ankeney Middle School

4085 Shakertown Road
Beavercreek, OH 45430
(937) 429-7567
FAX (937) 429-7685

Principal
Dale Wren

Asst. Principal
Brian Shimko

Inspiring today, preparing for tomorrow

(Please complete, sign and return to **Main Office – Activities, Athletic Office – Sports**)

SPORT/ACTIVITY: _____

DATE OF ACTIVITY: _____

ACTIVITY LOCATION: _____

To Principal / Athletic Director:

As Parent(s)/Guardian(s) of _____ I (we) understand that the usual school policy regarding school sponsored student trips is that students leaving school by bus must also return by bus.

Unusual circumstances have arisen, as described below, that requires our son/daughter to return home with us (the parent or guardian) rather than on the above mentioned school bus.

We, therefore, give our completed approval and assume responsibility for the safety and well-being of said student immediately upon detachment from the school sponsored activity.

****Notice:** It is understood that the request must be an unusual circumstance and may not be approved after the proper form has been submitted.

Reason for request: _____

Date: _____

1. Parent/Guardian Signature: _____

2. Student Signature: _____

3. Principal / Athletic Director Signature: _____

Request approved: _____ Request denied: _____

4. This form is to be returned to the coach/advisor upon completion.

5. Coach/Advisor's signature: _____