

STRONGSVILLE CITY SCHOOLS

ALBION MIDDLE SCHOOL
11109 Webster Road
Strongsville, Ohio 44136
(440)572-7070 FAX 572-7079

David H. Riley, Principal

Student Name: _____

Date: _____

Parent Name: _____

Activity: _____

Location: _____

Albion Middle School **requires** student participants involved in extra curricular or co-curricular activities to travel to and from event locations as a group on transportation provided by the Strongsville City School District. Due to extenuating circumstances (*i.e. - medical issues/illness, death in family*), there may be times where school transportation may be difficult.

A parental request has been made to transport their child home following the completion of the activity listed above, and will not utilize transportation provided by the Strongsville City School District. The parent assumes the responsibility for the transportation of their child at the conclusion of the activity.

In the event that a parent will be taking multiple students home following the activity listed above, a form must be completed for all students with corresponding signatures from all parents/legal guardians involved. In this situation, the parent assumes the responsibility for the transportation of the children at the conclusion of the activity.

In addition, all parents must indicate under the section titled "Extenuating Circumstances" the reason for this request.

All forms must be completed with appropriate signatures prior to student participants leaving Albion Middle School for the event and presented to the supervisor or coach of the activity at that time.

Parental Signature: _____ Date: _____

Coach/Advisor Signature: _____ Date: _____

Extenuating Circumstances:

