Van Buren Black Knights

217 South Main Street
Van Buren, OH 45889

419-299-3384
vbschools.net

Transportation of Student-Athletes by Private Vehicle

*per board policy, this form must be completed and signed by the student, parent/guardian, coach, and Athletic Director. No person shall be permitted to transport a student who is not an employee of the school board, or the parent of the student.

Today's Date: _____

Reason for personal transportation (purpose of trip): _____

_____

Parent/Guardian will be taking the student (check box) TO ☐ FROM ☐ an athletic event.

Parent/Guardian will be responsible for the student-athlete beginning at _____ until _____

Location Parent/Guardian will pick the student-athlete up from: _____

Location Parent/Guardian is transporting the student-athlete to: _____

Filled out by Parent/Guardian:

Name: _____ Address: _____

Phone: _____ City: _____

Email: _____

Driver of Vehicle: _____

Make, Model and Color of Vehicle: _____

Parent/Guardian Signature: _____ Date: _____

APPROVED (check one): YES ☐ NO ☐

Coach Signature: _____ Date: _____

Athletic Director Signature: _____ Date: _____

form must be turned in and approved within 24 hours of transportation