

Bronson Jr./Sr. High School

450 East Grant Street Bronson, MI 49028-1524

(517) 369-3230 Fax (517) 369-3506

www.bronson.k12.mi.us



“Viking Pride – Dedicated to Excellence in Education”

ATHLETIC TRANSPORTATION PERMISSION SLIP

Wesley W. McCrea
Principal
369-3230, Ext.4

Jean LaClair, CAA
Assistant Principal
Athletic Director
369-3232

Guidance Department
369-3238

Media Specialist
369-3230, Ext. 6003

Attendance Clerk
369-3231

Food Service
369-3230, Ext.7

Information Hotline
369-3230, Ext.1

Date _____

I would like to request that my son/daughter, _____, ride home with me
from the game/match/meet on the following date(s): _____

I understand that it is my son/daughter's responsibility to obtain the coach and administrator's signatures at least 24 hours before the contest, and also to remind his/her coach each time they will not be riding home on the bus.

I also understand that certain coaches and/or sports presently discourage their athletes from riding home in individual vehicles because of their belief in the team concept.

Bronson High School does recognize that situations arise that may make it necessary for parents to take their children with them from the athletic contest. These reasons include, but are not limited to, the following (please check one).

☐

Participation in another school function

☐

Family outing

☐

Location of student's home

☐

Other (please specify)

The parents and coach sign the form before a signature is obtained by an administrator.
The last person to receive this form is Mrs. LaClair.

(Parent's Signature)

(Date)

(Coach's Signature)

(Date)

(Administrator's Signature)

(Date)