

## J<u>ordan-Elbridge</u> Central School District

High School: 5721 Hamilton Road • Mailing: P.O. Box 901, Jordan, NY 13080 Tel: (315) 689-8510 • Fax: (315) 689-1985 • www.jecsd.org

## Dan Stadtmiller

Director of Health, Physical Education, and Athletics (315) 689-8510 x1007 dstadtmiller@jecsd.org

## **AUTHORIZATION FOR PARENT TRANSPORT TO/FROM CONTESTS**

,I,	, am the	, am the parent of,		
	Parent's name)		Student's name)	
at the	wi	ithin the Jordan	n-Elbridge Central School District. I her	reby
	(Middle/High School)			
authori	ize the District to release the al	bove named str	ident to the following individuals for	
purpos	es of providing transportation	to/from an ath	etic contest or extracurricular activity.	
	Name of Authorized Individu	ıal(s)	Relationship to Student	
			6. ·	
			Parent	
				-
	:			•
Date: _	*	(Signate	ure of Parent)	

CC: Athletic Department