

**Titusville Middle/High School Parent Transportation Request  
415 Water Street/302 East Walnut Street  
Titusville, Pa 16354  
814-827-2715**

**This is to inform you that I am taking my son/daughter \_\_\_\_\_  
(print name)**

**home from today's extracurricular activity on \_\_\_\_\_.  
(date)**

**I understand I must present this in person to the coach/advisor on the day of the activity.**

**Signature of parent or guardian \_\_\_\_\_**

**Signature of principal of athletic director \_\_\_\_\_**

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