

**STCSS EXTRACURRICULAR TAXI REQUEST FORM**

DATE: \_\_\_\_\_

STUDENT: \_\_\_\_\_

REGULAR DESTINATION: \_\_\_\_\_

PLEASE EXPLAIN REASON FOR USE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

STUDENT: Please speak to your coach then indicate

the approximate number of each of the following:

Activity/Sport: \_\_\_\_\_

Practices (Pre-Season): \_\_\_\_\_

Practices (Season): \_\_\_\_\_

Games: \_\_\_\_\_

# of Times per week requested \_\_\_\_\_

**(To a maximum of 2 per week)**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent Signature

For Office Use:

- Approved
- Not Approved
- Approved with changes

# of days per week approved \_\_\_\_\_

To address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Administration Signature

NOTES: