



**(Athletic Division of the Buffalo Academy of Science Charter School)  
Transportation Waiver Form**

Please allow my child to receive alternative transportation from (give address from where the child is leaving from) ie: Buffalo Academy of Science Charter School 190 Franklin Street Buffalo NY, 14202.

\_\_\_\_\_.

Transportation will be provided from (state other adult's name):

\_\_\_\_\_

\_\_\_\_\_

During the season or on the following date: \_\_\_\_\_.

Please indicate if student has permission to be dropped off by school provided transportation at the West Huron Street @ Franklin Street NFTA station.

Child's Name \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Coach's Name \_\_\_\_\_

Coaches Signature \_\_\_\_\_ Date \_\_\_\_\_