

**BERKSHIRE HILLS MUSIC ACADEMY
OFF CAMPUS PASS**

Student Information:

Student Name: _____

Student will be leaving on: _____ at _____

Student will be returning on: _____ at _____

Destination:

Home Other (*please provide contact information below*)

Contact Information:

Name: _____ Relationship to Student:

Address: _____

Phone Number: _____

Transportation by Academy staff?

Yes (*Please complete transportation request form*) No

Medication needed? Yes (*Please list below*) No

Other Special Requests? Yes (*Please describe below*) No

Parent's Signature: _____ Date: _____

PLEASE RETURN TO:
Linda LaPointe, Director of Residential Programs
Berkshire Hills Music Academy
48 Woodbridge St.
South Hadley, MA 01075
Fax: (413) 534-3875

FOR OFFICE USE ONLY Date received: _____ Transportation Request Complete? Yes No

Coordinator Approval: _____ Date: _____