



Coach: \_\_\_\_\_

**LONGWOOD CENTRAL SCHOOL DISTRICT  
Alternative Return Transportation Form**  
*(Please submit no later than 9 am day of event)*

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_  
Parent/Guardian Student's Name

Hereby notify the Longwood Central School District that return transportation for the Longwood Central School District sponsored field trip, extracurricular activity or other similar event, specifically,

B/G Sport/Level/Opponent: \_\_\_\_\_  
Description of Event

Scheduled for: \_\_\_\_\_ will be provided by:  
Date of Trip/Event

Relation to Athlete and Phone # \_\_\_\_\_  
Name of Return Transportation Provider

I authorize this alternative form of return transportation and release the District of a liability, which may be incurred through this alternative form of return transportation.

**REASON FOR PICK-UP:** \_\_\_\_\_

I understand that if I am designated chaperone, I will not be permitted to provide alternative transportation. In that, my services will be required to assist with the safe return of all students attending the activity.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Phone # During Day of Trip

**PLEASE RETURN THIS FORM TO THE ATHLETIC DEPARTMENT FOR SIGNATURE AND THEN TO THE COACH PRIOR TO THE DATE OF THE TRIP**

**ATHLETIC OFFICE FAX #631 345-9292**  
Or e-mail to [Judy.Calabro@Longwoodcsd.org](mailto:Judy.Calabro@Longwoodcsd.org),  
[Barbara.Lewis@Longwoodcsd.org](mailto:Barbara.Lewis@Longwoodcsd.org) and  
[Christine.Cea@Longwoodcsd.org](mailto:Christine.Cea@Longwoodcsd.org)

**APPROVED:** \_\_\_\_\_