



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

**LONGWOOD CENTRAL SCHOOL DISTRICT  
Alternative Return Transportation Form**

**Please submit no later than 9 am the day of event as approval may not be granted**

Please fill out this form in its entirety. A new form must be completed for each emergency pick up.

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

Hereby notify the Longwood Central School District that return transportation is necessary for this specific sponsored athletic event. I authorize this Alternate Return Transportation Form and release the district of a liability.

Boys/Girls Sport/Level/Opponent: \_\_\_\_\_  
Description of Event

Scheduled for: \_\_\_\_\_ :  
Date of Trip/Event

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

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

**This Alternative Return Transportation Form is to be used for emergencies only.**

It should not be used for the convenience of picking up your child from a game that you are attending as a spectator. We encourage our athletes to arrive and return on their bus to promote team comradery and for post-game discussions with their coach.

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

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

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

**PLEASE RETURN THIS FORM TO THE ATHLETIC DEPARTMENT FOR APPROVAL.**

**ONCE APPROVED, THE COACH WILL BE NOTIFIED**

**ATHLETIC OFFICE FAX #631 345-9292**

**Or e-mail to**

**[AthleticOfficeStaff@longwoodcsd.org](mailto:AthleticOfficeStaff@longwoodcsd.org)**

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