



ALTERNATE TRANSPORTATION FORM

In filling out this form, please PRINT the requested information and sign your name.

Return form to your coach.

SPORT: _____

DATE OF ACTIVITY: _____

LOCATION OF ACTIVITY: _____

NAME OF ALTERNATE TRANSPORTER: _____ RELATIONSHIP TO
STUDENT: _____

To Principal / Athletic Director,

As Parents/Guardians of _____ it is understood that the usual policy regarding school sponsored student trips is that students leaving school by bus or other school transportation must also return via the same transportation mode. This form must also be completed if the student is being transported to a school event by a mode of transportation not provided by the school.

Extenuating circumstances have arisen (as described below), that requires our son/daughter to travel either to or from the event with us (the parent or guardian) rather than the above mentioned mode of transportation provided by Dayton Early College Academy.

We therefore, give our complete approval and assume responsibility for the safety and wellbeing of said student immediately upon detachment from the school sponsored activity.

*Notice: It is understood that the request must be an extenuating circumstance and may not be approved after the proper form has been submitted.

**Also, in the event that the extenuating circumstance is known in advance of the activity the proper form will be submitted at least 24 hours before the activity for approval consideration.

Request Details and Signatures on second page.

Alternate Transportation is being requested to travel (circle one):

To the Event / From the Event / Both

Date of Request: _____

1. Parent/Guardian Signature:

2. Student Signature:

3. Coach's Signature:

4. Principal / Athletic Director Signature:

Request Approved: _____ Request Denied: _____

***** Completed form must be returned to the coach *****