

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

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:

Description of Event

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

Name of Return Transportation Provider

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

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 OFFICE FOR APPROVAL
AT LEAST ONE DAY PRIOR TO THE DATE OF THE TRIP.**

ATHLETIC OFFICE FAX # 631 345-9292