

WATERLOO CENTRAL SCHOOL DISTRICT



Alternate Transportation Agreement

Student Name: _____

Sport/Club: _____ Level (if applicable): _____

Coach/Advisor Name: _____

Contest/Event Date: _____

Contest/Event Location: _____

Direction of Alternate Transportation: _____ "to" the Contest/Event
(Check One) _____ "from" the Contest/Event

Reason for requesting Alternate Transportation: _____

Parent/Guardian Driver: _____

Home Phone: _____ Work: _____ Cell: _____

Insurance Carrier/Info: _____

*Please attach a copy of your Driver's License & will be kept on file.

I hereby claim that the above-named driver will be the only driver of the vehicle during the transport of the above student to the aforementioned contest/event.

Parent/Guardian Signature: _____ Date: _____

Administrative Approval: _____ Date: _____

This request must be delivered to the Director of Health, PE & Athletic, Christal Kent, at Waterloo High School, or by email to christal.kent@waterloocsd.org, at least 24 hours before the athletic contest unless there is an extenuating circumstance. If this is for any other event, it must go to the respective building administration 24 hours in advance.