



**Richard Wright**  
Superintendent

# Agua Dulce ISD Elementary

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**Nora Lopez**  
Principal

## ALTERNATE TRANSPORTATION FORM For Emergencies Only

STUDENT'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_  
SPORT / ACTIVITY: \_\_\_\_\_ LOCATION: \_\_\_\_\_  
COACH (Print): \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**TO BE COMPLETED BY PARENT/GUARDIAN OF THE STUDENT NEEDING ALT. TRANSPORTATION:**  
MY CHILD CANNOT TRAVEL WITH THE TEAM BEFORE \_\_\_\_\_ OR AFTER \_\_\_\_\_ THE GAME/ACTIVITY ON  
(DATE) \_\_\_\_\_ FOR THE FOLLOWING EMERGENCY:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I AM AUTHORIZING \_\_\_\_\_, WHO IS AN ADULT AND A  
LICENSED DRIVER, TO TRANSPORT MY CHILD TO OR FROM HIS/HER GAME/ACTIVITY.

\_\_\_\_\_  
PARENT/GUARDIAN'S (Print Name) PARENT/GUARDIAN'S SIGNATURE  
\_\_\_\_\_  
PARENT'S CELL PHONE NUMBER DATE

COPY OF PARENT/GUARDIAN'S DRIVER'S LICENSE (Must be kept on file)

**TO BE COMPLETED BY THE PERSON TRANSPORTING THE STUDENT:**

\_\_\_\_\_  
NAME OF PERSON TRANSPORTING STUDENT SIGNATURE OF PERSON TRANSPORTING STUDENT  
(Print Name)  
\_\_\_\_\_  
DRIVER'S CELL PHONE NUMBER DATE

COPY OF DRIVER'S LICENSE OF PERSON TRANSPORTING STUDENT (Must be kept on file)

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPROVED  DENIED \_\_\_\_\_  
PRINCIPAL'S SIGNATURE DATE