



Schoharie Central School District
 Transportation Department
 Phone: (518) 295-6684
 Fax: (518) 295-6089

Alternate Location Transportation Request

School Year: _____

Please fill out the following information below and return it to the transportation department ASAP. This form must be completed every school year. Please make all attempts to have a consistent schedule for the safety of your student. If an alternate plan is needed for a certain day, please submit a bus pass to the main office. Thank you.

Student Name: _____

Date of Request: _____

Morning Pick Up:

Monday	Address: Name/Number:
Tuesday	Address: Name/Number:
Wednesday	Address: Name/Number:
Thursday	Address: Name/Number:
Friday	Address: Name/Number:

Afternoon Drop Off:

Monday	Address: Name/Number:
Tuesday	Address: Name/Number:
Wednesday	Address: Name/Number:
Thursday	Address: Name/Number:
Friday	Address: Name/Number:

Please provide the address and name/number of person responsible for your student at requested address.

The code word will be kept confidential. The purpose of this word is to confirm identity of a caller attempting to change transportation information by phone.

 Signature of Parent/Guardian

 Emergency Code Word