

Cobleskill-Richmondville School Transportation Department
Alternate Transportation

School Year: _____

Effective Date: _____

| Child's Name | School Building | Grade/Teacher |
|--------------|-----------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

PLEASE TRANSPORT MY CHILD/CHILDREN TO:

Adult's Name: _____

Telephone: _____

Address: _____
street/road, town

HOME ROUTE # _____ **ALTERNATE ROUTE #** _____ **PARENT TRANSPORT** _____
Guardian is responsible for calling the Bus Garage (234-7491) and confirming Route Number

ONE OF THE FOLLOWING MUST BE CHECKED:

_____ This is a permanent change

_____ This is a temporary change that begins on _____ and will end on _____

_____ This change will happen occasionally WITH A NOTE ONLY

CHECK ALL DAYS & TIMES THAT APPLY:

_____ Monday: AM/PM _____ Tuesday: AM/PM _____ Wednesday: AM/PM

_____ Thursday: AM/PM _____ Friday: AM/PM

Parent/Guardian Signature

Home Phone

Parent/Guardian Signature

Date

Residence Address

Please return this form to the student's school office, or the Cobleskill-Richmondville Transportation Department, 284 Elm Street, Cobleskill, NY 12043, Fax: (518) 234-3734

Approved by Transportation Supervisor _____ **Date** _____