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_____