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** _____
Route Numbers provided by the Transportation Department.

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 CRCS Transportation Dept., 284 Elm Street, Cobleskill, NY 12043, Fax: (518) 234-3734 / Phone: (518)234-7491

Approved by Transportation Supervisor _____ Date_____