

# 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*

**Completed by** \_\_\_\_\_ **Date** \_\_\_\_\_

**Approved by Transportation Supervisor** \_\_\_\_\_ **Date** \_\_\_\_\_