

Middleburgh Central School District

Transportation Department

Alternate Transportation

OFFICE USE ONLY

Date Received: _____

Date Approved: _____

School Year: 2016-2017

Effective Date: _____

I am requesting transportation for my child/children to the alternate location below:

Child's Name

School Building

Grade/Teacher

Child's Name	School Building	Grade/Teacher

Please transport my child/children to:

Alternate's name: _____

Alternate location telephone number: _____

Physical address of alternate location (street address, town):

Home

Alternate Location

Legal Residence Bus # _____

Alternate Bus# _____

circle all that apply

Monday	AM Only	PM Only	AM/PM
Tuesday	AM Only	PM Only	AM/PM
Wednesday	AM Only	PM Only	AM/PM
Thursday	AM Only	PM Only	AM/PM
Friday	AM Only	PM Only	AM/PM

IF ALTERNATE LOCATION IS NOT USED ON A CONSISTENT BASIS THEN A BUS NOTE MUST BE SUBMITTED EVERY TIME THE ALTERNATE ROUTE WILL BE USED.

Parent/Guardian Name

Home Phone

Physical Address

Emergency Phone

Parent/Guardian Signature

Date

FORM MUST BE RETURNED BY AUGUST 19, 2016