

**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, 24-48 hr. usual process time

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 & CIRCLE 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 X.5300

Office Only Below Line _____

Entered by - _____ Date _____

Approved by Transportation Supervisor _____ Date _____