

*Sharon Springs Central School  
Alternate Transportation Request Form*

School Year \_\_\_\_\_ Effective Date \_\_\_\_\_

Date received \_\_\_\_\_ Date approved: \_\_\_\_\_

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

Child's name \_\_\_\_\_ Grade/Teacher \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please transport my child/children to:

Alternate's name: \_\_\_\_\_

Alternate location contact phone number: \_\_\_\_\_

Physical address of alternate location (street address):  
\_\_\_\_\_

Alternate location bus # \_\_\_\_\_ Regular bus # \_\_\_\_\_

Please circle below all that apply:

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

\_\_\_\_\_  
Parent / Guardian name

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Physical address

\_\_\_\_\_  
Emergency Phone

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date