

Middleburgh Central School District

Transportation Department

Alternate Transportation/Emergency Closing Form/Parent Transport

<b>OFFICE USE ONLY</b>
Date Received: _____
Date Approved: _____

School Year: 2018-2019

Effective Date: \_\_\_\_\_

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

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/emergency closing (street address, town):

\_\_\_\_\_

\_\_\_\_\_ Home/Legal Residence – Bus # \_\_\_\_\_

\_\_\_\_\_ Alternate Location – Bus # \_\_\_\_\_

Circle 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

**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.**

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**PARENT TRANSPORT:** Student(s) will not need district provided transportation for 2018-19 School Year:

\_\_\_\_\_ Parent Transport

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\_\_\_\_\_  
Parent/Guardian Name

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

\_\_\_\_\_  
Physical Address

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

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

\_\_\_\_\_  
Date