

Middleburgh Central School District

Transportation Department

Alternate Transportation/Emergency Closing Form/Parent Transport

OFFICE USE ONLY Date Received: _____ Date Approved: _____
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School Year: _____

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.

PARENT TRANSPORT: Student(s) will not need district provided transportation _____

_____ Parent Transport

Parent/Guardian Name

Home Phone

Physical Address

Emergency Phone

Parent/Guardian Signature

Date