

Schoharie Central School
Transportation Department
Request for Late Bus Transportation

School Year: _____

Effective Date: _____

I am requesting late bus transportation for my child for the school year stated above. I am aware that this form must be on file in order for my child to have the privilege of riding the late bus and that my child will only be allowed to be dropped off in one location on the late bus for this school year.

Child's Name: _____

Grade: _____

Teacher: _____ **Please**

Release My Child to:

Person Responsible for Supervision: _____

Telephone Number: _____

Address: _____

Parent Name: _____ Home Phone: _____

Residence Address: _____ Emergency Number: _____

Parent Signature: _____ Date: _____

Approved by Transportation Supervisor: _____

Late Bus Assigned Route: _____ Stop Location: _____

RETURN THIS FORM TO
SCHOHARIE CENTRAL SCHOOL TRANSPORTATION DEPARTMENT
PO BOX 430, 136 ACADEMY DRIVE
SCHOHARIE, NY 12157
(518) 295-6684