

Schoharie Central School District

Phone: (518) 295-6684 or 6689

Fax: (518) 295-6089

Transportation Request Form

Student Name: _____

School Year: _____

Student Grade : _____

Student Status: New or Returning (please circle one)

Date of Request: _____

Elementary or High School (please circle one)

Please fill out the following information and return to the transportation department ASAP. These changes will be made only after review and approval from the transportation department. Daily Bus passes will not be accepted.

PLEASE CHECK OUT OUR NEW APP TRAVERSA RIDE 360 for transportation information, including pick up and drop off times.

Morning Pick Up:

Monday	Address: Name/Number:
Tuesday	Address: Name/Number:
Wednesday	Address: Name/Number:
Thursday	Address: Name/Number:
Friday	Address: Name/Number:

Afternoon Drop Off:

Monday	Address: Name/Number:
Tuesday	Address: Name/Number:
Wednesday	Address: Name/Number:
Thursday	Address: Name/Number:
Friday	Address: Name/Number:

Signature of Parent/Guardian

Please provide the address and name/number of person responsible for your student at requested address.

Emergency Code Word

The code word will be kept confidential. The purpose of this word is to confirm identity of a caller attempting to change transportation information by phone.