

# Schoharie Central School District

Student Name: \_\_\_\_\_

Student Grade : \_\_\_\_\_

Student Status: New or Returning (please circle one)

Date of Request: \_\_\_\_\_

Elementary or High School (please circle one)

## Morning Pick Up:

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

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

\_\_\_\_\_  
Emergency Code Word

Schoharie Central School District  
Transportation Department  
Phone: (518) 295-6684 or 6689  
Fax: (518) 295-6089

# Transportation Request Form

School Year: \_\_\_\_\_

**For the 21/22 school year 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.**

## Afternoon Drop Off:

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

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

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.