



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

Alternate Location Transportation Request

School Year: _____

For the 20/21 summer school enrichment program. Please fill out for the transportation department. Thank you.

Student Name: _____

For the Summer School Enrichment Program

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:

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.

 Signature of Parent/Guardian

 Emergency Code Word