



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