

TACONIC HILLS CENTRAL SCHOOL DISTRICT

73 County Route 11A
Craryville, NY 12521

Telephone (518) 325-2870
Fax (518) 325-2874

Alternate Bus Stop/Drop Off Request Form

Name of Student: _____
Grade: _____ Teacher: _____

Regular Bus Stop Information:

Physical Address: _____

Name of Parent/ Guardian: _____

Telephone:

Home: _____ Work: _____ Cell/pager: _____

Name of Emergency contact: _____

Relationship to student: _____ Telephone number: _____

Alternate Bus Stop Information:

Alternate Address: _____

Name of contact person: _____

Relationship to student: _____ Telephone Number: _____

Pick up & Drop off Schedule: (if applicable). Please insert (H) for home address and (A) for alternate address.

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

Date

Signature of Parent/Legal Guardian

For office Use Only

Signature of Transportation Supervisor

Regular bus Assigned

Date

Alternate Bus Assigned