

**CHATHAM CENTRAL SCHOOL DISTRICT**  
**2019-2020 ALTERNATE TRANSPORTATION REQUEST**  
(518) 392-1501

If you are requesting transportation to and/or from an alternate address (for either the purpose of childcare/other parental resident) for the 2019-2020 school year, please complete and return this form to the Superintendent's Office. All requests must be received by April 1, 2019. **A NEW FORM MUST BE COMPLETED EACH SCHOOL YEAR, EVEN IF YOUR ALTERNATE ARRANGEMENTS HAVE NOT CHANGED.** The District cannot guarantee honoring requests made after April 1, 2019.

\_\_\_\_\_  
CHILD'S 911 HOME ADDRESS

\_\_\_\_\_  
911 ALTERNATE LOCATION ADDRESS

\_\_\_\_\_  
Alternate Location Contact Name

\_\_\_\_\_  
Alternate Location Contact Phone #

**SCHEDULE OF TRANSPORT TO ALTERNATE LOCATION REQUESTED:**

Please note an alternate request must follow a consistent schedule (e.g. every Monday and Wednesday.) Requests for unscheduled or random days cannot be accommodated. Circle below all that apply.

|  |  |
|--|--|
| My child will attend school <b>FROM</b> the alternate home | Monday   Tuesday   Wednesday   Thursday   Friday<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| My child will go <b>TO</b> the alternate home after school | Monday   Tuesday   Wednesday   Thursday   Friday<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

NAME OF CHILD(REN) /GRADE IN 2019-2020

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THIS FORM MUST BE COMPLETED AND RETURNED BY APRIL 1, 2019 TO:**  
Superintendent's Office, Chatham Central School District, 50 Woodbridge Ave., Chatham, NY 12037

\_\_\_\_\_  
Parent Name (printed) and Phone Number

\_\_\_\_\_  
Parent Signature/Date

**Office Use Only:**    Regular Bus Route\_\_\_ Alternate Bus Route\_\_\_    Approval\_\_\_\_\_ Date\_\_\_\_\_