

Greenville Central School
Transportation Department
966-5070 Ext. 463 Fax 966-4006

Alternate Location Transportation Request
School Year _____

Please fill out the following information below and return it to the Transportation Department **no later than August 1st**. This form must be completed every school year.

We will provide bus transportation for all registered students to a sitter who resides within the district according to the Board of Education Policy.

Students Name: _____

DAY	Morning Pick up	Afternoon Drop off
Monday	Name Address Phone #	Name Address Phone #
Tuesday	Name Address Phone #	Name Address Phone #
Wednesday	Name Address Phone #	Name Address Phone #
Thursday	Name Address Phone #	Name Address Phone #
Friday	Name Address Phone #	Name Address Phone #

SIGNATURE OF PARENT/GUARDIAN