

HADLEY-LUZERNE CENTRAL SCHOOL TRANSPORTATION DEPARTMENT
PO BOX 200, 273 LAKE AVENUE, LAKE LUZERNE, NY 12846
(518) 696-2112 X3141

Alternate Pick-Up/Drop-Off Site Form for School Year: _____

A separate form must be filed for each child

If your child is not being picked-up/dropped off at their home residence address, this form must be completed in its entirety.

Student Name: _____ Grade: _____ Date of Birth: ____/____/____

Parent/Guardian Name: _____

Teacher: (if known) _____

Home Address: _____ Apt/Unit # _____
(House Number) (Street Name)
_____ (City) (State) (Zip Code)

Home Phone: (____) _____

Alternate address to be picked up/dropped off at:

Alternate Site Contact: _____

Relationship to child: _____

Address: _____ Apt/Unit # _____
(House Number and Street Name)

Phone #: (____) _____

Please check the appropriate box below that indicates the transportation requirements for your child:

- ☐ To school each day from alternate pick- up/drop off site
- ☐ From school each day to alternate pick-up/drop off site
- ☐ To and from the alternate site each day

Parent/Guardian Signature

Date

Print Parent/Guardian Name