LaFayette Central School District

Four Schools, Three Buildings, Two Nations, One Goal: Excellence!

ALTERNATE LOCATION FORM

Office: 315-677-9700  Fax: 315-677-0000  Email: RCooper@lafayetteschools.org

Student Last Name:_________________________  First Name:_________________________
School Building:_________________________  Grade:______  Parent Name:_____________________
Home Address: ______________________________________________________________________
Telephone:_________________________  Work Telephone:_________________________

ALTERNATE ADDRESS #1
Address: ___________________________________________________________________________
Contact Name:_________________________  Telephone:_________________________

ALTERNATE ADDRESS #2
Address: ___________________________________________________________________________
Contact Name:_________________________  Telephone:_________________________

Instructions: Please indicate address # from above into appropriate box for the day of the week where the student is to be picked up/dropped off.

<table>
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<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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<tbody>
<tr>
<td>Pick Up</td>
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<td>Drop Off</td>
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Remarks: ____________________________________________
Desired Effective Date: ________  Parent/Guardian Signature: ____________________________

FOR OFFICE USE ONLY

Date Received ________________  Date Completed ________________  Initials __________________

Bus Numbers  Assigned Bus Stop Location
1. ________  1. ____________________________