

LaFayette Central School District

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

ALTERNATE LOCATION FORM

Office: 315-677-9700

Email: cfinch@lafayetteschools.org

Student Last Name: _____ First Name: _____

School Building: _____

Home Address: _____

Telephone: _____ Work Phone: _____

ALTERNATE ADDRESS #1

Address: _____

Contact Name: _____ Phone: _____

ALTERNATE ADDRESS #2

Address: _____

Contact Name: _____ Phone: _____

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

	Monday	Tuesday	Wednesday	Thursday	Friday
Pick Up					
Drop Off					

Remarks: _____

Desired Effective Date: _____ Parent/Guardian Signature: _____

FOR OFFICE USE ONLY

Date Received _____ Date Completed _____ Initials _____

Bus Numbers

Assigned Bus Stop Location

1. _____

1. _____

2. _____

2. _____