

# 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](mailto: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.

	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. \_\_\_\_\_