

Alternate Transportation Request Form

Mechanicville Elementary School

All students are provided busing to and from home. If an alternate pick-up/drop-off is needed for child care purposes, please complete this form.

Student Name _____

2026-2027 Grade & Teacher Name _____

Home Address _____

I hereby request alternate bus transportation FIVE DAYS A WEEK beginning:

_____ **(Start Date)**

Caregiver's Name _____

Caregiver Address _____

Caregiver Phone _____

This will be for: **AM Only** **PM Only** **AM & PM**

Comments _____

Parent Printed Name

Parent Signature

Phone Number

Date

Office Notes:

Any questions, please call the main office, 518-664-7336 x3005.