

Date Submitted _____

Corinth Central School
105 Oak St., Corinth, NY 12822

ALTERNATE PICK-UP/DROP-OFF SITE FORM

ONLY FILL OUT THIS FORM IF YOUR CHILD IS PICKED-UP OR DROPPED-OFF AT OTHER THAN HIS OR HER HOME ADDRESS

*****A NEW FORM MUST BE FILLED OUT EACH YEAR EVEN IF YOUR CHILD'S ALTERNATE SITE IS THE SAME AS THE PREVIOUS YEAR*****

Student Name _____

Home Address _____

Home phone _____ Workphone _____

Grade _____ Teacher _____

Address where child will be picked up and/or dropped off.

Child will be picked up AM _____ dropped off PM _____ BothAM&PM _____

Name of responsible Adult at this Address _____

Phone number at this Address _____

SIGNATURE of Parent &/or Guardian _____

DEADLINE FOR FORM RETURN IS THE SECOND FRIDAY IN AUGUST
Rev. (10/08)