

REQUEST FOR ALTERNATE TRANSPORTATION

Request for School Year _____ Date of Request _____ Effective Date _____

Alternate requests which are expected to be in place for the opening of a new school year
MUST be received by August 1 - Changes during the year require seven (7) days

Name of Student: _____ Grade/Teacher _____
Parent/Legal Guardian: _____ Phone: _____
Legal Residence: _____

All requests should be consistent days and locations. Notes to teachers are imperative.

Alternate Location - Morning Pick Up - circle days needed

Comments: _____

M T W TH F ALL

Alternate Address: _____
Contact Name: _____ Phone: _____

Alternate Location - Afternoon Drop Off - circle days needed

Comments: _____

M T W TH F ALL

Alternate Address: _____
Contact Name: _____ Phone: _____

SIGNATURE AND ACKNOWLEDGMENT

State of New York, County of _____ Signed _____
Signature of Parent/Legal Guardian

On this ____ day of _____, 20____, appeared before me _____, to me personally
known to be the individual described in and who executed the foregoing instrument, and he/she duly
acknowledged to me that he/she executed the same.

Notary Public

My commission expires

Transportation Department Use

Date received: _____ By _____

Bus assignments AM _____ PM _____ Entry date: _____

Parent notified: By _____ Date: _____

School notified: By _____ Date: _____

Driver notified: By _____ Date: _____