

Alden Central School District Transportation Department

1648 Crittenden Road, Alden NY 14004

Telephone (716) 937-9116 FAX (716) 937-3486

REQUEST FOR ALTERNATE TRANSPORTATION

Requests submitted after July 31st and prior to the start of school, will not be implemented until the third week of September to avoid confusion at dismissal.

Request for School Year _____ Date of Request _____ Effective Date _____
Name of Student: _____ Grade/Teacher _____
Parent/Legal Guardian: _____ Phone: _____
Legal Residence: _____
Email Address _____

All requests should be consistent days and locations.

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: _____