

**Alden Central School District Transportation Department**

1648 Crittenden Road, Alden NY 14004  
(716) 937 9116 Telephone (716) 937 3486 FAX

**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 daycare requests should be consistent. Notes to teachers are imperative.**

**Child Care Location - Morning Pick Up - circle days needed**

Comments: \_\_\_\_\_

M T W TH F ALL

Address of child care provider: \_\_\_\_\_  
Name of child care provider: \_\_\_\_\_ Phone: \_\_\_\_\_

**Child Care Location - Afternoon Drop Off - circle days needed**

Comments: \_\_\_\_\_

M T W TH F ALL

Address of child care provider: \_\_\_\_\_  
Name of child care provider: \_\_\_\_\_ 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: \_\_\_\_\_