

**HAMBURG CENTRAL SCHOOL DISTRICT
ALTERNATE SITE APPLICATION FOR TRANSPORTATION
Fisher Bus Service**

I hereby request that my child be transported to/from the following place other than his/her legal residence. Delivery to and/or from an alternate site **must be on a consistent basis from week to week**, for **three** or more days per week. Alternate site requests will be for only one alternate location. A request must be submitted to **YOUR CHILD'S SCHOOL OFFICE** for approval **TEN BUSINESS DAYS prior to effective date** of change and must be signed by the parent or guardian. You will be notified by Fisher Bus Service regarding the status of your request.

Student for whom application is being made:

NAME _____ School Attending _____

Legal Address _____ Grade _____
(If Pre-K, a.m. or p.m.)

Phone _____ Emergency Number _____

LOCATION OF ALTERNATE SITE:

Name _____ Phone _____

Address _____ Reason for Request _____

Please indicate by circling appropriate "X" the days and times to be transported to or from alternate location:

	Mon.	Tues.	Wed.	Thurs.	Fri.	
AM	X	X	X	X	X	
MID	X	X	X	X	X	Effective Date _____
PM	X	X	X	X	X	

I certify that as the above-named parent/guardian, I do assume complete and full responsibility for the safety and welfare of the student, both prior to and after transportation from alternate locations.

Signature of Parent/Guardian _____
Date

BUILDING LEVEL APPROVAL:

_____ APPROVED _____ DISAPPROVED _____
Signature of Building Principal **Date**

FISHER BUS USE ONLY: _____ APPROVED _____ DISAPPROVED

Approval/Trip Assignment: _____ Address: _____
AM _____ AM _____
MID _____ MID _____
PM _____ PM _____

Signature Transportation Supervisor **Date**

Reason, if not approved _____