

HAMBURG CENTRAL SCHOOL DISTRICT

Alternate Site Application for Transportation

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 the bus company regarding the status of your request.

Student for whom application is being made:

Name _____ School Attending _____

Legal Address _____ Grade _____
If PreK: AM or PM

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	Tue	Wed	Thur	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 parent/guardian of the above-named child, 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

SCHOOL OFFICE USE ONLY

Building Level Approval
_____ Approved _____ Disapproved _____
Signature of Building Principal Date

BUS COMPANY USE ONLY

APPROVED _____ DISAPPROVED _____

Approval/Trip Assignment:
Address _____

		Home Bus
AM _____	AM _____	AM _____
MID _____	MID _____	MID _____
PM _____	PM _____	PM _____

Signature of Transportation Supervisor Date

Reason, if not approved: _____