

Alternate Transportation Form



Transportation Start Date _____/_____/_____

DUE BY JULY 24, 2020

This form **MUST** be returned to the **Board of Education Office** by **Friday, July 24, 2020** to ensure that your Alternate arrangements are in place by the first day of school. **ANY** late requests will be processed **after** Friday, September 11, 2020 and parents will be responsible for transportation until notified of a start date by Transpo Bus Service, LLC.

This form can be submitted **ONE** of the following ways:

- **mailed** to Mrs. Burkley, 100 Hinds St., Tonawanda, NY 14150
- **faxed** to (716) 694-9467
- **scanned** to kburkley@tonacsd.org
- **hand delivered** to Board of Education Office (Door #11)

Student/Household Information

Student's Name	
School & Grade	
Parent/Guardian Name	
Street Address	
Contact Number	

Transportation Information

(Licensed Childcare) Provider Name		
Street Address		
Contact Number		
	AM Pick-Up (i.e. Home, St. Francis)	PM Drop-Off (i.e. B/G Club, Home)
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

- This form is to be used for the **2020-2021** school year and must be returned by **Friday, July 24, 2020** to ensure alternate arrangements are in place by the first day of school.
- The use of this form is for parents/guardians of students to temporarily change their student's pick-up location or drop-off location from other than the student's home address, such as daycares, relative's home, babysitter's home, etc.
- This form is **NOT** to be used for transportation to a student's place of employment at any time.
- For grades K-3, the alternate address must be within the attendance area of the child's school.
- Upon review by the transportation department, the alternate address must be on an existing bus route.
- Alternate stops will be limited to Board of Education Policy; available online policy #5710.
- If the alternate location is within a walking zone, a bus will be declined.
- For efficiency of operation and child safety, only one alternate address will be accepted.
- All pick up/drop off stops must be approved and are approved at the sole discretion of the district. Also, any stop that the district believes is unsafe to the student(s) or the bus, will be declined.

NOTE: All Alternate Transportation Form requests EXPIRE at the end of each school year. If a parent/guardian needs the form to be carried over to the following school year, a NEW form is required.

Please initial the following three (3) items:

- _____(parent/guardian initials) In requesting this transportation, I agree to and accept the responsibility of providing instruction to my child so that he/she understands the travel arrangements as requested.
- _____(parent/guardian initials) I understand the schedule I am requesting for my child will be followed the entire school year.
- _____(parent/guardian initials) I understand the special busing request can vary day to day but has to remain constant from week to week. Any adjustments to the requested schedule will be placed in writing to the school district.

Parent/Guardian Signature

Date