KENMORE-TOWN OF TONAWANDA
UNION FREE SCHOOL DISTRICT

Transportation Department
1680 Military Rd. • Kenmore, NY 14217
(716) 874-8611 phone • (716) 874-8618 fax

Request for Alternate Transportation

School Year: 20___ - 20___

Students may be transported to and from a location in the Kenmore-Tonawanda School District other than their legal place of residence when the following conditions are met:

- The student's legal place of residence or the designated location for drop off and/or pick up if said location were the student's legal place of residence, would make that student eligible for transportation to and from school according to adopted District policy.
- The designated drop off and/or pick up point is located within the attendance area of the student's officially assigned school, **at a scheduled stop along regularly scheduled routes**, unless the drop off and/or pick up point is a legitimate day care organization licensed pursuant to Section 390 of the Social Service Law and located in appropriate facilities in the Kenmore-Tonawanda School District.
- Parents must request child care transportation in writing **annually**, no later than April 1 preceding the next school year, except where the family moves into the District later than April 1.
- The alternate request may not be used to circumvent the District's adopted transportation policy. The alternate stop must be on a set weekly schedule, and there must be room on the bus.
- Request for an alternate childcare location will be granted for only one alternate location.
- Alternate transportation will begin upon notification of a start date from the Transportation Office.

Name of Student _____ School _____ Grade _____

Legal Residence _____ Phone _____

Daycare or Babysitter's Name _____

Alternate Location Address _____ Phone _____

Reason for Request _____

Please indicate by checking the appropriate boxes the days and times you want your child to be transported to or from the alternate location.

	MON	TUES	WED	THURS	FRI	Bus #	Bus Stop
A.M.	☐	☐	☐	☐	☐	_____	_____
EARLY DISMISSAL	☐	☐	☐	☐	☐	_____	_____
P.M.	☐	☐	☐	☐	☐	_____	_____

Requested Date of Bus Change _____

_____ FOR OFFICE USE ONLY _____

I certify that as the above named student's parent or legal guardian, I assume complete and full responsibility for the safety and welfare of the student prior to pick up at the alternate stop or after the drop off at the alternate stop.

Signature of Parent/Legal Guardian_____Date_____