

**Transportation Department**

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



# Request for Alternate Stop

School Year: 20\_\_\_\_ – 20\_\_\_\_

Summer: 20\_\_\_\_

**PLEASE NOTE**

A request for an alternate stop other than your home address will be granted only under the following conditions:

- **THIS FORM MUST BE SUBMITTED ANNUALLY FOR THE REGULAR SCHOOL YEAR AS WELL AS SUMMER SCHOOL (IF APPLICABLE).**
- Request must be submitted by a parent or guardian and must be received in the Transportation Dept. **prior to June 1.**
- **Transportation is for FIVE DAYS a week to the same location**
- Transportation for child care purposes (not a licensed Daycare) will be restricted to the student's enrollment area. The stop will be located at a close corner.
- Transportation will be provided to licensed daycares located within our school district
- It may take 7-10 business days to process the request
- If you are a walker, you must select a daycare (licensed or not) within your school enrollment area.

**Complete the following and return to Transportation Office**

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_

Address of Student \_\_\_\_\_

Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

School \_\_\_\_\_

**Alternate Contact:** Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Requested alternate AM pick up location: \_\_\_\_\_

Requested alternate PM drop off location: \_\_\_\_\_

Date for change to start: \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Date: \_\_\_\_\_

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**FOR OFFICE USE ONLY:**

\_\_\_ Assignment completed  
\_\_\_ Driver Notified  
\_\_\_ School Advised

Bus # AM \_\_\_\_\_ PM \_\_\_\_\_

Bus Stop AM \_\_\_\_\_ PM \_\_\_\_\_