

LAMPETER-STRASBURG SCHOOL DISTRICT  
TRANSPORTATION OFFICE

P.O. Box 428  
Lampeter, PA 17537-0428

2021-2022 ALTERNATE CARE TRANSPORTATION REQUEST FORM

**Instructions:**

1. Students will be automatically assigned the bus stop closest and/or safest to their HOME address.
2. If your child needs transportation to or from an Alternate Care location, please complete this form and return it to the Transportation Office **by July 1**. **Forms can be mailed to the address above, dropped off at the Admin. Building or your child's school office, faxed to 717-464-4699, or emailed to matthew\_greenwood@L-Spioneers.org** These forms are valid for the **entire school year**.
3. Please carefully read the School Transportation Guidelines for Alternate Care and Daily Bus Changes form before completing this form.
4. Although the AM and PM bus stop assignments can be different, they must be consistent all five days of the week. Children will not be permitted to ride different buses or use different stops on different days of the week.
5. A new form must be completed each year. These alternate assignments do not carry over from year to year.
6. If you have questions about this form, please call Matt Greenwood, Transportation Coordinator, at 717-358-1011 or email matthew\_greenwood@L-Spioneers.org

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Teacher: \_\_\_\_\_

Parents/Guardians Names: \_\_\_\_\_

Parent/Guardian Contact Numbers: \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

HOME Address (include City, State & Zip) \_\_\_\_\_

HOME Bus Stop Location \_\_\_\_\_

ALTERNATE CARE PROVIDER (AM) Name & Contact Numbers \_\_\_\_\_

ALTERNATE CARE PROVIDER (AM) Address \_\_\_\_\_

ALTERNATE CARE PROVIDER (PM) Name & Contact Numbers \_\_\_\_\_

ALTERNATE CARE PROVIDER (PM) Address \_\_\_\_\_

***Instructions: Please circle the appropriate choice below.***

**MORNING PICK UP LOCATION EVERY DAY (must be same location every day every week)**

*HOME*

*ALTERNATE CARE PROVIDER*

**AFTERNOON DROP OFF LOCATION EVERY DAY (must be same location every day every week)**

*HOME*

*ALTERNATE CARE PROVIDER*

**I understand that by requesting an Alternate Care bus stop AM and/or PM, I am relinquishing my child's "home" bus stop assignment.**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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**Section Below To Be Completed By Transportation Office**

\_\_\_\_ Approved      \_\_\_\_ Not Approved      TC Signature: \_\_\_\_\_

Bus Number for HOME Bus Stop Location      Morning \_\_\_\_\_      Afternoon \_\_\_\_\_

Bus Number for **ALTERNATE** Bus Stop Location      Morning \_\_\_\_\_      Afternoon \_\_\_\_\_