



LANCASTER CSD TRANSPORTATION DEPARTMENT

4082 WALDEN AVE
LANCASTER, NY 14086
PHONE: 686-3290



ALTERNATE TRANSPORTATION PICK UP AND/OR DROP OFF FORM

The district recognizes that a variety of work schedules exist, and is willing to assist by arranging transportation schedules when possible. To accomplish this end, approval for alternate pick-ups and drop-offs are contingent on the following:

***This original request form must be mailed to the address above. FAXED copies will not be accepted.**

Student Name _____ School _____ Grade _____

Home Address _____

(Street)

_____ NY _____
Town Zip Code

Home Phone # _____ Work Phone # _____

Terms for Alternate Address

1. The student must be eligible for transportation services.
2. The alternate address must be within the attendance area of the child's school.
3. The alternate address must be on an existing bus route. Alternate stops will be limited to Board of Education Policy.
4. There must be space available on the bus.
5. The *licensed* alternate address is expected to be in the attendance area of the child's school. *Alternate transportation may require extended periods of time on the bus as well as transfers.*
6. For efficiency of operation and child safety, only one alternate address will be accepted.
7. A new request must be filed at the school of attendance at least five (5) working days prior to the effective date.
8. In order to establish and publish bus route information, requests must be submitted prior to August 1st. Requests filed after August 1st will not be implemented until September 15th.

Alternate Address _____

Contact Name _____ **Alternate Phone #** _____

School Year _____ **Effective Date** _____

Monday am _____ pm _____

Tuesday am _____ pm _____

Wednesday am _____ pm _____

Thursday am _____ pm _____

Friday am _____ pm _____

Parent/Guardian Signature _____ Application Date _____

Approved by: _____ Denied for the following reason: _____