

Broadalbin-Perth CENTRAL SCHOOL DISTRICT

Student Transportation Request Form

(for students in Grades K-8 only)

Child's Name: _____ Child's Grade & Teacher: _____

Parent/Guardian Name(s): _____

Home Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Alternate Day Care Provider Name: _____

Alternate Day Care Provider Address: _____

Alternate Day Care Provider Phone (list all applicable numbers) — Home: _____

Work: _____ Cell: _____

The Broadalbin-Perth Central School District Transportation Department will be responsible for providing transportation for students between school and either their home or the identified alternate day care provider ONLY. Furthermore, a consistent schedule for student pick-up and drop-off is essential for the safety of all B-P students.

Please identify below the location(s) for pick-up/drop-off of the above student for each day of the week. Please select "No Pick-up" or "No Drop-off" if school transportation is not needed.

If you need to make emergency changes in your child's pick-up or drop-off locations, please contact your child's school office.

Morning				Afternoon			
Monday	Home	Day Care	No Pick-up	Monday	Home	Day Care	No Drop-off
Tuesday	Home	Day Care	No Pick-up	Tuesday	Home	Day Care	No Drop-off
Wednesday	Home	Day Care	No Pick-up	Wednesday	Home	Day Care	No Drop-off
Thursday	Home	Day Care	No Pick-up	Thursday	Home	Day Care	No Drop-off
Friday	Home	Day Care	No Pick-up	Friday	Home	Day Care	No Drop-off

This transportation schedule is to be in effect as of the following date: _____

CERTIFICATION: I have read and understand the policies and procedures as stated in the B-P Transportation Handbook, as well as the above student transportation guidelines, and consent to having my child transported as I have indicated on this form for the duration of the school year. If I wish to make adjustments to this schedule, I will resubmit this Student Transportation Form no less than **two days** prior to the requested transportation schedule change.

Parent/Guardian Signature: _____ Date: _____