

**TRANSPORTATION CHANGE REQUEST FORM**

This form is required to authorize a permanent change of transportation to and/or from a location within the District other than a student's primary living address. Please understand the Transportation Department will require a minimum of 3 to 5 business days upon receipt of this form for processing.

Future changes, including returning transportation to the student's primary address, can only be authorized by completing and submitting this form again.

Submit this form to the webmail drop-box at [transportationrequest@bscsd.org](mailto:transportationrequest@bscsd.org). If email is not an option, submit a printed form to the Transportation Department at 1458 Saratoga Road, Ballston Spa. Submissions to any other District buildings will delay the time to process.

**Please Note:**

Bus passes are issued in emergency situations only.

The school office or Transportation Department may deny a request for a bus pass for any other reason. The District does not transport to a student's worksite for job purposes.

**TO BE COMPLETED BY PARENT/GUARDIAN**

*(PLEASE PRINT)*

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

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

I request that my student receive the transportation noted below beginning: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

My student requires (check all that apply):

Pick up from home every morning

Pick up at the address below every morning

Drop off at home every afternoon

Drop off at the address below every afternoon

Mark here for Joint Custody:

Provider's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

Describe schedule or provide other comments:

I have read and understand the above guidelines, and have completed all information requested.

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

**FOR TRANSPORTATION DEPARTMENT USE ONLY**

Received by: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Processed by: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

School Notified

Driver Notified

Parent Notified