

# Grand Island Central School District Transportation Center

3541.3

2451 Baseline Road  
Grand Island, New York 14072-1667

Office Hours 6:00 am to 5:00 pm

Telephone 773-8890

Fax 773-8992

## ALTERNATE TRANSPORTATION REQUEST

Grand Island Central School District will provide alternate transportation to students whose legal place of residence is Grand Island as long as the alternate drop-off and/or pick-up point is located on Grand Island within the attendance area of the student's officially assigned school, or the drop-off and/or pick-up point is a legitimate day care organization registered with the District and located in appropriate facilities on Grand Island.

Request (Form 3541.3) must be submitted for approval **five (5) days prior** to the effective date of the requested change in transportation and signed by the student's parent or legal guardian.

The alternate drop-off and/or pick-up point is to be utilized in a **consistent and regular manner** on all school days.

Requests will be granted for **only one (1) alternate location**. The alternate location must be within an area that is eligible for transportation, along a scheduled route, and there must be space available on the bus.

Student for whom application is being made.

Name: \_\_\_\_\_ School Attending: \_\_\_\_\_

Legal Residence: \_\_\_\_\_ Grade: \_\_\_\_\_  
Grand Island, New York 14072

Location of alternate pick-up and/or drop-off: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Grand Island, New York 14072

Reason: \_\_\_\_\_

Please indicate by checking the appropriate boxes the days and times you want your child to be transported to or from the alternate location.

	MON	TUES	WEDS	THUR	FRI	<u>Bus Assigned</u>	<u>Bus Stop</u>
AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
EarlyDismissal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

for Office use only

Effective Date of bus change: \_\_\_\_\_

I certify that as the above named student's parent or legal guardian I do assume complete and full responsibility for the safety and welfare of the student both prior to the pick-up at the alternate location and/or after the drop-off at the alternate location.

\_\_\_\_\_  
Signature, Parent or Legal Guardian

\_\_\_\_\_  
Date

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