



Rondout Valley

Central School District

2024-2025 ANNUAL ALTERNATIVE TRANSPORTATION FORM

Only complete this form if Alternative Transportation is requested or Transportation will NOT be needed

School: _____ Grade: _____ Start Date: _____

Student's Name: _____

Date of Birth: _____

Parent/Guardian Name:

Alternative Address:

_____ Name

_____ Name

_____ Street Address

_____ Street Address

_____ City State Zip code

_____ City State Zip code

1st Contact Phone # _____

Site Phone # _____

Email address _____

Place a check (✓) in the appropriate boxes. You must make a selection for each day of the week for both pick up & drop off.
THIS SCHEDULE WILL PERTAIN TO THE INSTRUCTIONAL SCHOOL DAY ONLY

BEFORE SCHOOL PICK UP

AFTER SCHOOL DROP OFF

| | Home | Alternative | No Transport |
|-----------|------|-------------|--------------|
| Monday | | | |
| Tuesday | | | |
| Wednesday | | | |
| Thursday | | | |
| Friday | | | |

| | Home | Alternative | No Transport |
|-----------|------|-------------|--------------|
| Monday | | | |
| Tuesday | | | |
| Wednesday | | | |
| Thursday | | | |
| Friday | | | |

My signature certifies that I am the parent/legal guardian of the above student and authorized to request transportation to/from the location(s) listed above.

_____ Date

_____ Signature of Parent/Guardian

- The transportation requested must be on a "regular basis" meaning that the student's weekly schedule is the same for the entire school year.
- The student must board and disembark the bus from established stops.
- In accordance to NYS ED Law §3635, it is district policy to enroll students in the building assigned to their home address.