

EAST STROUDSBURG AREA SCHOOL DISTRICT
Joint Custody Alternate Transportation Assignment Request

TO BE COMPLETED BY PARENT/GUARDIAN REQUESTING JOINT CUSTODY DROP OFF/PICK UP ALTERNATE LOCATIONS

DATE TO BEGIN ALTERNATE TRANSPORTATION: ___/___/___ (5 business day minimum notice required.)
DATE TO END ALTERNATE TRANSPORTATION: ___/___/___ (5 business day minimum notice required.)
First Day of 25-26 School Year
Last Day of 25-26 School Year

Check specific day(s) of the week: [] M [] T [] W [] TH [] F [] OTHER
[] TO SCHOOL ONLY FROM SCHOOL ONLY [] TO & FROM SCHOOL

PLEASE READ CAREFULLY BEFORE SIGNING. EMAIL COMPLETED FORM TO Damaris-Robins@esasd.net

This form must be completed and accompanied with a copy of all court joint custody paperwork. Paperwork should be submitted via email or delivered to the Transportation Office located at 50 Vine Street, E. Stroudsburg, PA 18301. **Note: All alternate locations must be within the district.

PRINT CLEARLY & LEGIBLY.

NAME OF STUDENT: _____

SCHOOL ATTENDING: _____

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I. PRIMARY ADDRESS:

NAME: _____

PHYSICAL ADDRESS: _____

TELEPHONE NUMBER: _____ CONTACT PERSON: _____

II. SECONDARY ADDRESS:

NAME: _____

PHYSICAL ADDRESS: _____

TELEPHONE NUMBER: _____ CONTACT PERSON: _____

Transportation for my child to/from anywhere but the location listed above is my responsibility.

Parent/Guardian Name (PRINT)

Responsible Party at Alternate Location Name (PRINT)

Parent/Guardian Signature

Responsible Party at Alternate Location Signature