P.O. Box 9, 122 Kyserike Rd Accord, NY 12404

Rondout Valley Central School District

2026-2027 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:

_____
Name

_____
Street Address

_____
City *State* *Zip code*

Alternative Address:

_____
Name

_____
Street Address

_____
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

	Home	Alternative	No Transport
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

AFTER SCHOOL DROP OFF

	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.