

**KINGSTON SCHOOL DISTRICT - ALTERNATIVE BUS STOP REQUEST
2027-2028 SCHOOL YEAR**

If you are requesting transportation to and/or from an alternative bus stop, **please complete and return this form to the school that your child attends by April 1st, 2027. A separate form must be completed for EACH child. A new form must be completed each school year.** Allow up to 5 business days to process.

School: _____ **Date:** _____

Child's Name: _____ **Grade:** _____

Home Address: _____

Home #: (____) _____ **Work #:** (____) _____ **Cell #:** (____) _____

Email: _____

Emergency Contact 1: _____ **Relationship:** _____

Phone #: (____) _____ **Alt #:** (____) _____

Emergency Contact 2: _____ **Relationship:** _____

Phone #: (____) _____ **Alt #:** (____) _____

Requested Start Date: _____

Name of Day Care Center, Child Care Provider or Housing Site: _____

Address of Day Care Center, Child Care Provider or Housing Location: _____ **Phone Number:** (____) _____

Pick Up Location In A.M.

☐ Day Care/Child Care Provider/Housing Site ☐ Home

Drop Off Location In P.M.

☐ Day Care/Child Care Provider/Housing Site ☐ Home

Circle Days: M T W TH F All

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Parent/Guardian Signature: _____ **Please Print Name:** _____

For Office Use Only:

School Approval: _____ **Date Processed:** _____ **STUDENT ID:** _____

(For office use only) | Revised 8/10/26