

KINGSTON SCHOOL DISTRICT
Request for Transportation for School Year: 2017-2018
Fax # 339-9383

Student # _____

(For office use only)

(Please return by April 1, 2017)

Date: _____

Please return this form to the school to which you are requesting transportation

****A form must be completed for each child. In accordance with the laws of the State of New York, I hereby request that transportation be provided for:**

Name of Student	
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Street Address	
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Mailing Address (if different)	
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Age	Date of Birth	Grade Level in Sept. 2017	
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School requesting Transportation to	
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Signature of Parent or Guardian	
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Parent or Guardian name & relation to student (Please print)	
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Home phone # with area code	
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All information supplied by you on this form will replace any previous information we have on file for you and/or the student.

	Phone #	Owner of phone #
Emergency phone # with area code & name of owner of this phone #		

Emergency phone # with area code & name of owner of this phone #		
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Emergency phone # with area code & name of owner of this phone #		
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Cell phone # with area code & name of owner of phone #		
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Cell phone # with area code & name of owner of phone #		
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****Student must be 5 years of age on or before December 1st.**

KINGSTON SCHOOL DISTRICT STUDENT ID _____
ALTERNATIVE BUS STOP REQUEST (For office use only)
2017-2018 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. **A form must be completed for EACH child. A new form must be completed each school year (even if your child care arrangements have not changed).**

School: _____ **Date** _____

Child's Name _____ **Grade** _____

Home Address

Home Phone Number () _____

Emergency Number(s) () _____ () _____ () _____

Name and address of person responsible at alternative bus stop. **NAME** _____
ADDRESS _____

PHONE () _____

My child's schedule will be as follows (please check one only)

- _____ **Child will be picked up FROM alternative bus stop**
- _____ **Child will be DROPPED OFF at alternative bus stop**
- _____ **Child will be PICKED UP and RETURNED TO alternative bus stop**

Requests can only be approved if there is an existing bus stop. Please return the completed form to your child's school for approval.

I UNDERSTAND THAT THIS ARRANGEMENT IS FOR A FULL WEEK (5 DAYS) (TO SCHOOL AND/OR FROM SCHOOL) FOR THE ENTIRE SCHOOL YEAR.

Parent/Guardian Name _____ **Signature of Parent of Legal Guardian** _____ **(please print)**

School Approval