

KINGSTON SCHOOL DISTRICT
Request for Transportation for School Year: 2018-2019
Fax # 339-9383

Student # _____

(For office use only)

(Please return by April 1, 2018)

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. 2018	
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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 #		
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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)
2018-2019 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 () _____

CELL # () _____

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