

KINGSTON SCHOOL DISTRICT
Request for Transportation for School Year: 2019-2020
Fax # 339-9383

Student # _____

(For office use only)

(Please return by April 1, 2019)

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	
-----------------	--

Street Address	
----------------	--

Mailing Address (If different)	
-----------------------------------	--

Age		Date of Birth		Grade Level in Sept. 2019	
-----	--	---------------	--	---------------------------	--

School requesting Transportation to	
--	--

Signature of Parent or Guardian	
---------------------------------	--

Parent or Guardian name & relation to student (Please print)	
---	--

Home phone # with area code	
-----------------------------	--

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 #		
---	--	--

Emergency phone # with area code & name of owner of this phone #		
---	--	--

Cell phone # with area code & name of owner of phone #		
---	--	--

Cell phone # with area code & name of owner of phone #		
---	--	--

****Student must be 5 years of age on or before December 1**.**

KINGSTON SCHOOL DISTRICT STUDENT ID _____
ALTERNATIVE BUS STOP REQUEST (For office use only)
2019-2020 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)

Fax to 339-9383

School Approval