

### TRANSPORTATION CHANGE REQUEST FORM

This form is required to authorize a permanent change of transportation to and/or from a location within the district other than the student's primary living address. Please understand the Transportation Department will require a minimum 3 to 5 days upon receipt of this form for processing.

Future changes, including returning transportation to the student's primary address, can only be authorized by completing and submitting **this** form.

Submit this form to the webmail drop-box at [transportationrequest@bscsd.org](mailto:transportationrequest@bscsd.org). If email is not an option, submit a printed form to the Transportation Department at 1458 Saratoga Rd, Ballston Spa. Submissions to any other District building will delay the time to process the request.

**Please Note:**

**Bus passes are issued in emergency situations only.**

**The school office or Transportation Department may deny a request for a bus pass for any other reason.**

**The school district does not transport to a student's worksite for job purposes.**

**TO BE COMPLETED BY PARENT/GUARDIAN**

*(PLEASE PRINT)*

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

I request that my student receive the transportation noted below beginning: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(please allow 3-5 days for processing)

My child requires (check all that apply):

- Pick up at home every morning **OR**  Pick up at the address below every morning  
 Drop off at home every afternoon **OR**  Drop off at the address below every afternoon

Mark here for Joint Custody:

Provider's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

Describe schedule or Provide other comments:

\_\_\_\_\_  
\_\_\_\_\_

I have read and understand the above guidelines, and have provided all requested information.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**FOR TRANSPORTATION DEPARTMENT USE ONLY**

Received by: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Processed by: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

- School notified  Driver notified  Parent notified