

TRANSPORTATION APPEAL

This form is required to appeal for transportation from either remote learning to in-person or parent transportation to District transportation. Appeals are processed in the order they are received and seats are assigned at a “first come, first serve” basis. Since the NYS Department of Health has restricted bus capacities, seating will only be assigned if there is room on the bus. If there is not seating available, students will be placed on a waiting list.

Submit this form to the webmail drop-box at 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.

Approved appeals will start transportation the week following the *approval date*. The Transportation Department will notify parents of the bus information and the start date.

Please Note:

Transportation will be set up for the student’s primary address.

If transportation is required to/from an address other than the primary address, please submit a Transportation Change Request form along with this Appeal form.

TO BE COMPLETED BY PARENT/GUARDIAN
PLEASE SUBMIT ONLY ONE (1) APPEAL PER STUDENT
(PLEASE PRINT)

Student Name: _____ Grade: _____ School: _____

Primary Address: _____ City: _____

Parent/Guardian: _____ Phone: (____) ____ - _____

Choose one (1) of the following:

My student is currently a remote learner. I have filed an appeal for in-person learning. I request for my student to receive transportation once my appeal is approved.

My student is currently an in-person learner and does not receive District transportation. I request for my student to receive transportation for in-person learning.

My student is currently an in-person learner and receives District transportation. I wish to remove my student from the transportation roster. I understand that my student’s seat will be assigned to another student.

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

FOR TRANSPORTATION DEPARTMENT USE ONLY

Date Received: ____ / ____ / ____

Date Approved: ____ / ____ / ____