

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 Transportation Department at 1458 Saratoga Rd, Ballston Spa, NY 12020 in person, by U.S. Mail, email, fax, or submit it to your student's school office for delivery to the Transportation Department.

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