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:_____/_____/______
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

Original: Transportation
REV: 6/2019