

**\*\*\*DUE BY JULY 27<sup>TH</sup> – any form not received by July 27<sup>TH</sup> will not be processed until after September 12<sup>TH</sup>\*\*\***



## Tonawanda City School District Childcare/Alternate Transportation Form 2018-2019



1. The use of this form is for parents/guardians of students to temporarily change their student's pick up location or drop off location from other than the student's home address, such as day cares, relative's home, babysitter's home, etc. This form is not to be used for transportation to a student's place of employment at any time.
2. Upon review by the transportation department the alternate address must be on an existing bus route. Alternate stops will be limited to Board of Education Policy (available online policy #5710)
3. For efficiency of operation and child safety, **only one** alternate address will be accepted.
4. For grades K-3 - the alternate address must be within the attendance area of the child's school.
5. In order to establish and publish bus route information, requests must be submitted prior to July 27<sup>th</sup>. Requests filed after July 27<sup>th</sup> **will not** be implemented until September 12<sup>th</sup>.
6. All pick up/drop off spots must be approved and are approved at the sole discretion of the district. Also, any stop that the district believes is unsafe to the student(s) or the bus, will be declined.

**DATE OF SUBMISSION (MM/DD/YY)**

### Student/Household Information

Student's name	
Address	
School/Grade	
Parent/Guardian name	
Home/Cell #/Work #/Emergency #	

### Childcare Provider or Licensed Childcare Provider

Licensed Childcare Provider or Childcare Provider		
Address		
Telephone and/or cell #		
	Pick up address (i.e. home, St. Francis)	Drop Off Address (B/G Club, home)
Monday	am	pm
Tuesday	am	pm
Wednesday	am	pm
Thursday	am	pm
Friday	am	pm
Date you would like transportation to start i.e. 9/4/18		

**Please initial the following three (3) items:**

\_\_\_\_\_ (parent/guardian initials) In requesting this transportation, I agree to and accept the responsibility of providing instruction to my child so that he/she understands the travel arrangements as requested.

\_\_\_\_\_ (parent/guardian initials) I understand the schedule I am requesting for my child will be followed the entire school year.

\_\_\_\_\_ (parent/guardian initials) I understand the special busing request can vary day to day but has to remain constant from week to week. Any adjustments to the requested schedule will be placed in writing to the school district.

**\*NOTE: All special busing requests expire at the end of each school year. If the parent/guardian needs the form to be carried over to the following school year, a new form is required.**

**This form must be returned to the Transportation Director, 100 Hinds Street, by July 27<sup>th</sup> to ensure that your childcare arrangements are in place by the first day of school. Any late requests will be processed after September 12<sup>th</sup>. Parents will be responsible for transportation until notified of the start date by Transpo or the school district.**