

HAMBURG CENTRAL SCHOOL DISTRICT

Alternate Site Application for Transportation

I hereby request that my child be transported to/from the following place other than his/her legal residence. Delivery to and/or from an alternate site **must be on a consistent basis from week to week**, for one or more days per week. Alternate site requests will be for only one alternate location. A request must be submitted to **Fisher Bus Service** for approval **SEVEN DAYS** prior to effective date of change and must be signed by the parent or guardian. Upon receipt, Fisher Bus Service will notify parent/guardian of approved/disapproved requests.

Student for whom application is being made:

NAME: _____ School Attending: _____

Legal Address: _____ Grade: _____
(Pre-K a.m. or p.m.)

Phone: _____ Emergency Number _____

LOCATION OF ALTERNATE SITE:

Name: _____ Phone: _____

Address: _____ Reason for Request: _____

Please indicate by circling appropriate "X" the days and times to be transported to or from alternate location:

	Mon.	Tues.	Wed.	Thurs.	Fri.	
Pick-up	X	X	X	X	X	Effective _____
	Mon.	Tues.	Wed.	Thurs.	Fri.	Date _____
Drop-off	X	X	X	X	X	

I certify that as the above-named parent/guardian, I do assume complete and full responsibility for the safety and welfare of the student, both prior to and after transportation from alternate locations.

Signature of Parent/Guardian _____

Date _____

PLEASE MAIL TO: Fisher Bus Service, 5175 Southwestern Blvd. Hamburg, NY 14075

ATTN: Transportation Supervisor

OR FAX TO 648-5213

For Office Use Only: _____ APPROVED _____ DISAPPROVED

Approval/Trip Assignment

Address:

AM _____

AM _____

PM _____

PM _____

Transportation Supervisor _____

Date _____

Reason, if not approved _____