SIBLING USE OF SPECIALIZED TRANSPORTATION REQUEST FORM

***ONE FORM PER STUDENT***

20___20___ School Year

TO BE COMPLETED BY PARENT/GUARDIAN:

I request for my child ____________________________ (student requesting transportation)

who attends ________________________________________________ (school name)

to be transported on the specialized transportation bus route# __________________________

with my child ________________________________________ (student already assigned)

who attends ________________________________________________ (school name).

Forms may be emailed to the BCSD Student Transportation Department at transportation@bethlehemschools.org Forms may also be faxed to (518) 439-7885. Please allow a minimum of two (2) business days for processing after receipt. This request must be renewed every school year and or whenever there is a change in arrangements.

PLEASE NOTE: If your request is granted, be advised that in the future if there are capacity or other issues that arise, we may not be able to continue this service. Should this occur, you would be notified and the sibling would revert back to their previous bus route assignment.

Parent/Guardian Name (Printed): __________________________ Phone Number: ______________

Parent/Guardian Signature: _______________________________ Date: _______________________

OFFICE USE ONLY

☐ APPROVED  ☐ DENIED Date Entered in Versatrans: _____________ Initials: _____________

Revised 8/26/2022