



## 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](mailto: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 be 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: \_\_\_\_\_