

# ALTERNATE BUS STOP LOCATION REQUEST FORM

\*\*\*ONE FORM PER STUDENT\*\*\*

Check One:                      20\_\_\_\_20\_\_\_\_ School Year                      Summer 20\_\_\_\_

\*\*\*PLEASE READ BELOW BEFORE COMPLETING FORM\*\*\*

If your child needs transportation to a different address other than your home address fill out the below information and return to the student transportation department no later than August 15. Changes to previously submitted requests and any new request will not be processed until the third Monday in September.

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.

## ADDITIONAL INFORMATION REGARDING STUDENT TRANSPORTATION

- ▶ The home address is defined as the address of record in ASPEN associated with Contact 1.
- ▶ Grades K-5 can be transported to a NYS licensed child care facility anywhere within the boundaries of the Bethlehem Central School District.
- ▶ Non-NYS licensed child care facilities and students whose parents/guardians have joint custody can only be transported within the HOME SCHOOL BUILDING BOUNDARY.

STUDENT NAME \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

In the box below, under pick and drop off, please place alternate drop- off location address including city and zip code. If a childcare provider, also provide the providers name and phone number along with the address

DAY OF WEEK	PICK-UP ADDRESS	DROP-OFF ADDRESS
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

OFFICE USE ONLY

School: \_\_\_\_\_ Date Entered in Versatrans: \_\_\_\_\_ Initials: \_\_\_\_\_

Revised 8/25/2022