

REQUEST FOR TRANSPORTATION

STARPOINT CENTRAL SCHOOL
4363 MAPLETON ROAD, LOCKPORT, NY 14094

Transportation To Locations Other Than

Home Address

STUDENT NAME _____ Grade _____

TEACHER _____ ROOM # _____

OTHER SIBLINGS AT STARPOINT _____

HOME ADDRESS _____

CITY _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

EMERGENCY PHONE _____ RELATIONSHIP _____

CURRENT BUS ASSIGNMENT AM _____ PM _____

DIFFERENT PICK-UP OTHER THAN HOME

NAME _____

ADDRESS/CITY _____ TELEPHONE _____

EFFECTIVE DATE: FROM: _____ TO: _____

DIFFERENT DROP-OFF LOCATION OTHER THAN HOME

NAME _____

ADDRESS/CITY _____ TELEPHONE _____

EFFECTIVE DATE: FROM: _____ TO: _____

I HAVE READ AND AGREE TO THE ALTERNATE TRANSPORTATION POLICY:

SIGNATURE _____ DATE _____

The District shall provide transportation to any child who attends a school within the District in grades Kindergarten through 12 between the school a child legally attends and one other location that is not the permanent residence of that child.

There are specific conditions that are necessary in order to approve the transportation request. These conditions are:

- a) Once the new pick-up or drop-off has been established, it must be consistent and remain the same Monday through Friday.
- b) There must be space available on the bus.
- c) The location must be on a regularly scheduled bus route for each building.
- d) Once the request is submitted, a period of seven (7) days must pass before the transportation change can take effect.
- e) The specific pick-up or drop-off location can only be changed two (2) times per academic school year.

If parents/legal guardians request transportation of this nature, they must complete a Transportation Request Form to the District Transportation Office **not later than July 31** preceding the next school year or within thirty (30) days of establishing residency in the District.

This provision of transportation shall be offered equally to all children (including children attending nonpublic schools) in similar circumstances residing in the District.

RECEIVED _____	EFFECTIVE DATE _____
____ APPROVED _____	OF CHANGE _____
____ DISAPPROVED _____	TRANSFER TO BUS LETTER _____
	AM _____ PM _____