

PreK 2016-17

HAMBURG CENTRAL SCHOOL DISTRICT

Alternate Site Application for Transportation

Fisher Bus Service

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 **TWO** or more days per week. Alternate site requests will be for only one alternate location. A request must be submitted to **YOUR CHILD'S SCHOOL OFFICE** for approval **TEN BUSINESS DAYS** prior to effective date of change and must be signed by the parent or guardian. You will be notified by Fisher Bus Service regarding the status of your requests.

Student for whom application is being made:

NAME: _____ School Attending: _____

Legal Address: _____ Grade: PRE-K
(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.
AM	X	X	X	X
MID	X	X	X	X
PM	X	X	X	X

Effective _____
Date

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

BUILDING LEVEL APPROVAL:

_____ APPROVED _____ DISAPPROVED _____

Signature of Building Principal

Date

PLEASE MAIL TO: Fisher Bus Service, 5175 Southwestern Blvd. Hamburg, NY 14075
ATTN: Transportation Supervisor OR FAX to 716 648-5213

FISHER BUS USE ONLY : _____ APPROVED _____ DISAPPROVED

Approval/Trip Assignment

Address:

AM _____

AM _____

PM _____

PM _____

Transportation Supervisor

Date

Reason, if not approved _____