

C E N T R A L S C H O O L D I S T R I C T

Pupil Transportation Department

FAX (518) 602-0257

TEL (518) 884-7140

TRANSPORTATION CHANGE REQUEST FORM

This form is required to authorize a permanent change of transportation to and/or from a location within the district other than the student's <u>primary</u> living address. Please understand the Transportation Department will require a minimum 3 to 5 days upon receipt of this form for processing.

Future changes, including returning transportation to the student's primary address, can only be authorized by completing and submitting **this** form.

Submit this form to the webmail drop-box at <u>transportationrequest@bscsd.org</u>. If email is not an option, submit a printed form to the Transportation Department at 1458 Saratoga Rd, Ballston Spa. Submissions to any other District building will delay the time to process the request.

Please Note:

Bus passes are issued in emergency situations only.

The school office or Transportation Department may deny a request for a bus pass for any other reason.

The school district does not transport to a student's worksite for job purposes.

TO BE COMPLETED BY PARENT/GUARDIAN			
(PLEA	SE PRINT)		
Student Name:	Grade:	School:	
Home Address:	City:		
Parent/Guardian:	Phor	Phone: ()	
I request that my student receive the transporta My child requires (check all that apply):	ation noted below beginni	ng://	
☐ Pick up at home every morning OR ☐ Pick	up at the address below e	every morning	
☐ Drop off at home every afternoon OR ☐ Drop	p off at the address below	every afternoon	
Mark here for Joint Custody: \Box			
Provider's Name:	Phone: ()		
Street Address:	City:		
☐ Describe schedule or Provide other comments:			
I have read and understand the above guideling	,	•	
Parent/Guardian Signature:		Date: / /	
EOD TRANSDOPTATION	N DEPARTMENT USE ONLY		
		Date: / /	
Received by:		Date://	
Processed by:		Date: / /	