



Voorheesville CSD, Transportation Department  
 129 Maple Ave., Voorheesville, NY 12186  
 518-765-2321 ext 5130 / [transportation@voorheesville.org](mailto:transportation@voorheesville.org)

ALTERNATE/ DAYCARE/ SECONDARY HOME TRANSPORTATION REQUEST

For the transportation start date of September, this form must be received by August 1.

IMPORTANT NOTE: If you need transportation to a DIFFERENT ADDRESS other than your home address, please complete the information below and submit it to the Transportation Dept. no later than August 1. This applies to joint custody as well, only one alternate address will be allowed, provided we receive a set schedule on this form. Students are allowed any combination of days alternating between home, joint custody address, and daycare, however, the day variant schedule must be consistent throughout the school year; no rotating schedules will be permitted. Be sure to inform your children(s) teacher of any bus changes.

\*\*\*\*\* This request will only be considered for the current school year \*\*\*\*\*

Today's Date: \_\_\_\_\_ Requested Effective Date: \_\_\_\_\_ (allow up to 2 weeks for scheduling)

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
 (Last) (First)

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

SCHEDULE:

DAY OF WEEK	PICKUP ADDRESS	DROP OFF ADDRESS
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		

Child care provider's or responsible adult's name: \_\_\_\_\_

Provider's or responsible adult's phone number: \_\_\_\_\_

Is this a joint custody secondary address?: \_\_\_\_\_

**Important Information Below. Please read!**

Kindergarten students must be met by an authorized child care provider or adult. Transportation to locations other than home address follows the same guidelines with respect to supervision from home to the bus stop and bus stop to home (or daycare). It is the responsibility of the parent/guardian/daycare provider to ensure safe travel of the student(s) to and/or from the bus stop.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To be completed by the Transportation Department  
 { } Request Verified by School with Parent/Guardian and Approved

{ } Request Denied { } Other Specify: \_\_\_\_\_

Transportation Supervisor Signature: \_\_\_\_\_

Copy: Student's File Transportation File