Voorheesville CSD, Transportation Department
39 Martin Rd., Voorheesville, NY 12186
518-765-2382 ext 5130 / 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. The requested alternate location must be the actual location where the student will be receiving care. 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	AM PROVIDER ADDRESS	PM PROVIDER ADDRESS
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		

Child care or responsible adult's name: _____

Provider's or responsible adult's phone number: _____

Is this a joint custody secondary address?: _____

Important Information. 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

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