

SARATOGA SPRINGS CITY SCHOOLS

TRANSPORTATION DEPARTMENT

25 DUPLAINVILLE ROAD
 SARATOGA SPRINGS, NEW YORK 12866
 Ph: (518) 587-4545 / Fax: (518) 693-1342

TRANSPORTATION CHANGE REQUEST FORM

GUIDELINES / INSTRUCTIONS

This form must be completed on an annual basis by June 1st. You must complete it for students needing district transportation to a daycare provider or for joint custody arrangements before and/or after school on a regular basis. Transportation changes to daycare providers must be within your child's school attendance zone unless they are enrolled in an accredited daycare center for which transportation may be provided. Transportation to an accredited daycare center (if seating is available) may require a longer bus ride and/or a bus transfer at another elementary school. Transportation **will not** be provided to a student's worksite for job purposes.

Please submit this form to the transportation department at the address above in person, by US Mail, or it may be given to your child's school office for delivery to the Transportation Dept. Once the form is received by the transportation department, please allow 3-5 days for changes to occur if during the school year.

TO BE COMPLETED BY PARENT

(PLEASE PRINT)

Student Name(s): _____ Grade: _____ School: _____

Home Address: _____ City: _____

Parent/Guardian: _____ Phone: _____ (H) _____ (W)

I request that my child(ren) be transported to the location listed below during these dates:

Beginning Date: ____ / ____ / 20____ Ending Date: ____ / ____ / 20 ____.

Check one or both : _____ AM Pick-up to school _____ PM Return from school

Student's Daycare Provider, Joint Custody Information

Provider/Joint Custody Name: _____ Phone # _____

Street Address: _____ City: _____

Comments: _____

I have read and understand the above guidelines, and have completed all information requested. I also understand that I must submit this form by June 1st of each year or as soon as possible after establishing district residency.

Parent/Guardian Signature: _____ Date: ____ / ____ / 20____

FOR TRANSPORTATION DEPT. USE ONLY

____ Approved _____ Denied Effective Date ____ / ____ / 20 ____

AM Bus Number: _____ Trip # / Animal Character: _____

PM Bus Number: _____ Trip # / Animal Character: _____

Original: Transportation Dept
 Copies: Student's School
 Student's Bus Driver