

# BROADALBIN-PERTH CENTRAL SCHOOL DISTRICT

TRANSPORTATION DEPARTMENT  
20 PINE STREET  
BROADALBIN, NY 12025  
PHONE: 954-2570  
FAX: 954-2579

## STUDENT TRANSPORTATION REQUEST FORM

Student Name: \_\_\_\_\_ Student Grade: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

\_\_\_\_\_ Work Phone: \_\_\_\_\_

Alternate Day Care Provider Name: \_\_\_\_\_

Alternate Day Care Provider Address: \_\_\_\_\_

\_\_\_\_\_

Alternate Day Care Provider Phone (list all applicable numbers): \_\_\_\_\_

**The Broadalbin-Perth Central School District Transportation Department will be responsible for providing transportation for students between school and either their home or the identified alternate day care provider ONLY. Furthermore, a consistent schedule for student pick-up and drop-off is essential for the safety of the B-P student body. Please identify below the location for pick-up/drop-off of the above student for each day of the week (please select "No Pick-up" or "No Drop-off" if school transportation is not necessary). For emergency changes in pick-up or drop-off locations, please contact the appropriate school office. Please circle the appropriate locations below.**

	<u>Morning</u>			<u>Afternoon</u>			
<b>Monday:</b>	Home	Day Care	No Pick-up	<b>Monday:</b>	Home	Day Care	No Drop-off
<b>Tuesday:</b>	Home	Day Care	No Pick-up	<b>Tuesday:</b>	Home	Day Care	No Drop-off
<b>Wednesday:</b>	Home	Day Care	No Pick-up	<b>Wednesday:</b>	Home	Day Care	No Drop-off
<b>Thursday:</b>	Home	Day Care	No Pick-up	<b>Thursday:</b>	Home	Day Care	No Drop-off
<b>Friday:</b>	Home	Day Care	No Pick-up	<b>Friday:</b>	Home	Day Care	No Drop-off

This transportation schedule is to be in effect as of the following date: \_\_\_\_\_

CERTIFICATION: I have read and understand the policies and procedures as stated in the B-P Transportation Handbook, as well as the above student transportation guidelines, and consent to having my child transported as I have indicated on this form for the duration of the school year. If I wish to make adjustments to this schedule, I will resubmit this Student Transportation form no less than 2 days prior to the requested transportation schedule change.

\_\_\_\_\_

Parent / Guardian Signature

\_\_\_\_\_

Date