



AMHERST CENTRAL SCHOOL DISTRICT

Transportation Department

55 Kings Highway

Amherst, NY 14226

Phone: (716) 362-3035

Email: ddaigler@amherstschools.org

ALTERNATE TRANSPORTATION DROP OFF FORM

The District recognizes that after school child care can be difficult and is willing to provide an alternate drop-off when possible. To accomplish this, approval for alternate drop-offs are contingent on the following:

TERMS FOR ALTERNATE ADDRESS:

1. The student must be eligible for transportation services.
2. The alternate address must be within the Amherst Central School District.
3. The alternate address must be on an existing bus route.
4. There must be space available on the bus.
5. The alternate address is expected to be in the attendance area of the child's school. Alternate transportation may require extended periods of time on the bus as well as transfers.
6. For efficiency of operation and child safety, only one alternate address will be accepted.
7. Days and locations are to be designated below. These are fixed week-to-week. The intent is for this to be in effect for the **entire** school year. Daily notes for "play dates" or other non-routine drop-offs will not be accepted.
8. Should a change during the school year become necessary, a new request must be filed at the Transportation Office. Again, the intent is this change will be in effect for the duration of the school year. If needed for a temporary purpose, this change will be in place for a minimum of 30 days. Please submit forms at least five (5) working days prior to the effective date.
9. In order to establish and publish bus route information, requests must be submitted prior to **July 1st**. Requests filed after that date will not be implemented until Mid-September.
10. Once a request is made, it should go into effect within 5 days. Thank you for your patience.

***This original request form must be mailed or emailed to the address above:**

Student Name _____ School _____ Grade _____

Parent Name _____

Home Address _____

Home Phone # _____ Cell Phone # _____ Emergency # _____

E-mail Address _____

Alternate Address _____

Start Date _____ Phone # _____

Please circle day(s) MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

Parent/Guardian Signature _____ Application Date _____

****You will be notified by the Transportation Office to confirm the request and start date. Please send a note to your child's teacher indicating the permanent change when approved. Thank you.**