



# Kenmore-Town of Tonawanda Union Free School District

Transportation Department  
1680 Military Road., Kenmore, NY 14217, (716) 874-8611

FOR OFFICE USE ONLY:	
<input type="checkbox"/>	Assignment Completed
<input type="checkbox"/>	Driver Notified
<input type="checkbox"/>	School Advised
Bus # AM: _____	PM: _____
Stop AM: _____	PM: _____

## ALTERNATE STOP APPLICATION

School Year 20\_\_ - 20\_\_

### PLEASE NOTE

A request for an alternate stop other than your home address will be granted only under the following conditions:

- **THIS FORM MUST BE SUBMITTED ANNUALLY FOR THE REGULAR SCHOOL YEAR AS WELL AS SUMMER SCHOOL (IF APPLICABLE).**
- Request must be submitted by a parent or guardian and must be received in the Transportation Dept.
- **Transportation is for FIVE DAYS a week to the same location.** Requests for partial days, partial weeks, alternating days or alternating weeks will not be granted.
- Transportation for child care purposes (not a licensed Daycare) will be restricted to the student's enrollment area. The stop will be located at the nearest corner.
- Transportation may be provided to licensed daycares located within our school district
- It may take 7-10 business days to process the request
- No alternate stops will be made within the distance/boundaries of transportation eligibility

*\*If your child attends a building other than the school assigned based on residence under the Open Enrollment conditions of the Student Transfer Policy 7133, transportation remains the responsibility of the parent(s) or guardian(s) thus is ineligible for the request herein.*

*\*Alternate transportation will begin upon notification of a starting date from the Transportation Department. Parent/guardian must notify the department in writing if and when there is a change in the student's transportation needs.*

### Complete the following and return to Transportation Office

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_

Address of Student \_\_\_\_\_

Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

School \_\_\_\_\_

Alternate Contact: Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Requested alternate AM pick up location: \_\_\_\_\_

Requested alternate PM drop off location: \_\_\_\_\_

Date for change to start: \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to the Transportation Department via one of the following:	
Email:	<a href="mailto:transportation_office@ktufsd.org">transportation_office@ktufsd.org</a>
Fax:	(716) 874-8618
In Person/mail:	1680 Military Road, Kenmore NY 14217