



# Kenmore-Town of Tonawanda Union Free School District

Transportation Department

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

## FOR OFFICE USE ONLY:

\_\_\_ Assignment Completed  
\_\_\_ Driver Notified  
\_\_\_ 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. **by April 1 of the prior school year for daycare facilities and by June 1 of the prior school year for all other stops.**
- **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 may be provided to licensed daycares located within our school district only
- 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:	transportation_office@ktufsd.org
Fax:	(716) 874-8618
In Person/mail:	1680 Military Road, Kenmore NY 14217