



**Lewiston-Porter Central School District
Alternate Pickup/Drop off Application
School Year 20__ - 20__**

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

There are specific conditions that are necessary in order to approve the transportation request. They are:

- Once the new pickup or drop off has been established it must be consistent and remain the same Monday-Friday
- This form is not to be used to change your address if you have moved
- There must be space available on the bus
- The location must be on a regularly scheduled bus route for each morning
- Once the request is submitted a period of 7 days must pass before the change can take effect
- The specific pick up/drop off location can only be changed two (2) times per year
Once the office completes this request you will be notified

Complete the following and return to the Transportation Office

Name of Student _____

Grade _____

Address of Student _____

Date of Birth _____ Home Phone _____

Emergency Phone _____ School _____

Alternate Contact:

Name _____ Phone Number _____

Address _____

Requested alternate AM pick up location: _____
M T W TH F - Circle Days

Requested alternate PM drop off location: _____
M T W TH F - Circle Days

Date for change to start: _____

I have read and agree to the Alternate Transportation Policy:

Signature of Parent/Guardian _____

Date _____

Please return this form to the Transportation Department via one of the following:

Email: dkroening@lew-port.com or in person/mail to 4061 Creek Road, Youngstown NY 14174

Received _____
Approved _____
Declined _____

Effective date of change _____
Transfer to Bus _____
AM _____ PM _____