



**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 pick up or drop off has been established it must be consistent and remain the same Monday through Friday

There must be space available on the bus

The location must be on a regularly scheduled bus route for each building

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

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: _____

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@ridesta.com or in person/mail to 4061 Creek Road, Youngstown, NY 14174

Received _____

Approved _____

Declined _____

Effective date of Change _____

Transfer to bus

AM _____ PM _____