

TO BE COMPLETED BY PARENT REQUESTING CHANGE OF PUPIL TRANSPORTATION ASSIGNMENT

**DATE TO BEGIN ALTERNATE TRANSPORTATION:** \_\_\_/\_\_\_/\_\_\_ (2 business day minimum notice required.)

**DATE TO END ALTERNATE TRANSPORTATION:** \_\_\_/\_\_\_/\_\_\_ (2 business day minimum notice required.)

TO SCHOOL ONLY

FROM SCHOOL ONLY

TO AND FROM SCHOOL

**PLEASE READ CAREFULLY BEFORE SIGNING.**

***FAX COMPLETED FORM TO 570-420-2626***

**Completion of this form removes the student(s) from any current stop and re-assigns them to the stop below.**

**ALL ARRANGEMENTS FOR ALTERNATE TRANSPORTATION ARE FOR FIVE-DAYS PER WEEK.**

The East Stroudsburg Area School District, in an effort to provide safe transportation for all students, requires this form to be completed, signed and received by the Pupil Transportation Office before any alternate transportation arrangements are provided. Transportation is provided to daycare facilities, private childcare, and other approved stops along established bus routes on a space available/five day per week basis. For safety purposes, maintaining consistent and accurate roster information for each bus is required.

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

School Attending \_\_\_\_\_

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

School Attending \_\_\_\_\_

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

School Attending \_\_\_\_\_

Daycare Facility/Private Childcare/Alternate Bus Stop Location:

Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Contact Person: \_\_\_\_\_

**Please remember:** Someone **MUST** be at the bus stop to receive Kindergarten students and any student whose alternate stop is more than 1.5 miles from the responsible party, otherwise the bus driver will not discharge the student. In such cases you, the parent, will be responsible to make arrangements to transport the child home. Alternate transportation arrangements shall be canceled after three (3) occasions on which no one is present to receive a child where required. No student will be added to a school bus roster before this form is received in the Transportation Office and a telephone call is made to the office to verify space on the bus.

My child(ren) will not receive transportation to or from our home address. I understand that my signature on this form releases the East Stroudsburg Area School District from providing transportation to and from my home address while alternate transportation arrangements are in effect.

**Transportation for my child(ren) to/from anywhere but the location listed above is my responsibility.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Responsible Party at Alternate Location Signature

\_\_\_\_\_  
Parent/Guardian Name (PRINT)

\_\_\_\_\_  
Responsible Party at Alternate Location Name (PRINT)