

Burnt Hills-Ballston Lake CSD – TRANSPORTATION REQUEST FORM
Request for Change of Pick Up or Dismissal Point other than Home Address
 Complete and Return to Main Office of school student attends by July 17, 2009
 (Exception: by July 3, 2009 for kindergarten student)
Board Policy States: Only one additional location can be used other than home

Student _____ Last Name First Name	Teacher _____
School _____	Circle Grade KA KP 1 2 3 4 5 6 7 8 9 10 11 12
Parent _____ Last Name First Name	Home Phone _____
Home Address _____	Work Phone _____
_____	Cell Phone _____

Please check appropriate boxes

AM PICK UP CHANGE

Name of Daycare Provider/Home of _____	New Pick Up Address _____	Phone # _____
<input type="checkbox"/> Daily <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	<input type="checkbox"/> AM Parent Transport <input type="checkbox"/> AM Y-Care at _____ School Name	

PM DROP OFF CHANGE

Name of Daycare Provider/Home of _____	New Drop Off Address _____	Phone # _____
<input type="checkbox"/> Daily <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	<input type="checkbox"/> PM Parent Transport <input type="checkbox"/> PM Y-Care at _____ School Name	
<input type="checkbox"/> My child is no longer attending daycare, please return to home pick up and drop off.		

Parent Signature

Effective Date

Please allow 7 days for processing

For Office Use Only

Date Received _____

Date Request Filled _____

AM Pick Up Bus _____

PM Drop Off Bus _____

Home Bus _____