



Burnt Hills – Ballston Lake CSD Transportation Department Bus Stop Change Form

Please check appropriate boxes

Reason for Change:

Joint Custody _____ Daycare _____ Y-care _____ Parent Transport _____

Student

Teacher

Last Name First

School

Grade

Parent

Last Name First

Home Phone

Student's Home Address

Work Phone

Email

Cell Phone

For the 2020-2021 school year, due to revised procedures related to the COVID-19 Pandemic, Board Policy 8412 will be as follows:

The District will comply with the applicable provisions of Education Law (Section 3635) and Commissioner's Regulations in transporting students between the student's residence and school. Exceptions to this transportation requirement shall be limited by this policy in order for the District to provide the maximum safety in its student transportation program.

- Transportation will be provided to one location whether it's the primary residence or daycare for eligible students K-8. Transportation will be provided to the primary residence for students 9-12. Transportation will not be provided outside the school of attendance zone for primary students unless it is to the primary residence or child care centers licensed pursuant to Section 390 of NYS Social Services Law where such child care location has filed, by August 1st of any given year, a copy of such license with the Supervisor of Transportation and has agreed to make an adult available to meet school buses picking up or discharging pupils at District designated bus stops.
- Day variant requests for transportation will be prohibited. It must be the same bus stop daily and week to week.
- Bus passes will not be authorized or allowed.
- There will be no bus runs for Academic Assistance Period



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Student's Name: _____

******* AM PICK-UP CHANGE *******

Name of Daycare Provider/Home of: _____ New Pick Up Address _____ Phone # _____

Mon Tues Wed Thurs Fri

AM Parent Transport AM Y-Care at _____
School Name

******* PM DROP-OFF CHANGE *******

Name of Daycare Provider/Home of: _____ New Drop Off Address _____ Phone # _____

Mon Tues Wed Thurs Fri

PM Parent Transport: To be picked up by: _____
(Full name) PM Y-Care at _____
School Name

Parent Signature _____ Effective Date _____

For Office Use Only

Date Received _____ Date Request Filled _____

AM Pick up Bus _____ PM Drop off Bus _____

Home Bus _____

Please allow 5 business days for processing
(Please return this form to the school your child attends.)