



### Alternate Transportation Request

..... Student Information .....

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_  
Legal Home Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
School Attending: \_\_\_\_\_

..... Child care Provider Information .....

Name of provider: \_\_\_\_\_ Licensed with DSS?  Yes  No  
Provider Address: \_\_\_\_\_  
Description/Geographical location of facility: \_\_\_\_\_  
\_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
School zone of provider: \_\_\_\_\_  
Alternate transportation is required: (Start date) \_\_\_\_\_ (End date) \_\_\_\_\_  
Transportation needed: AM:  Yes  No  Parent Transport  
PM:  Yes  No  Parent Transport

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN TO OUR OFFICE** - Fax: (315) 341-2918 - Email: mdehm2@oswego.org

..... Office use only .....

Request Approved  Request Denied Effective Date: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

AM Route: \_\_\_\_\_ Bus Stop: \_\_\_\_\_

PM Route: \_\_\_\_\_ Bus Stop: \_\_\_\_\_

Received by: \_\_\_\_\_