



BREWSTER CENTRAL SCHOOL DISTRICT
TRANSPORTATION DEPARTMENT
40 FARM TO MARKET ROAD, BREWSTER, NY 10509
TELEPHONE 845-279-4700 FAX 845-279-3458
ALTERNATETRANSPORTATION@BREWSTERSCHOOLS.ORG



ALTERNATE TRANSPORTATION FORM

EVERYONE MUST FILL OUT SECTION "A", THEN ONE OR MORE OF "B," "C," "D," OR "E" BELOW

☐ **SECTION A:** Please print student information below for each selection: Today's Date: _____

Student's Last Name: _____ First Name: _____ MI: _____

Parent/Guardian Last Name: _____ First Name: _____ Home #: _____

Street Address: _____ Cell #: _____

Home Bus Stop: _____

School of Attendance: _____ Grade: _____

Parent Signature: _____ Parent Email: _____

☐ **SECTION B FOR A DAYCARE SELECTION: (K-8 ONLY)**

Requested Date of change: _____

Section 3635 of the New York State Education Law requires that parents who have students in grades K-8, who wish to have their child transported to or from a babysitter or child care facility, must present this request in writing to the Board of Education. All child transportation requests must be submitted **annually** in writing and approved by the Supervisor of Transportation. Changes may not be made on a daily basis. The district will accommodate such requests in accordance with the law. **ALLOW 10 DAYS FOR PROCESSING.**

YOUR DAYCARE PROVIDER MUST BE LISTED ON THE PARENT PERMISSION FORM

Name of Day Care: _____ Address : _____ PHONE: _____

This Change is for (circle): Route: AM / M T W TH F *This Change is for (circle):* Route: PM / M T W TH F

☐ **SECTION C FOR UNPLANNED EARLY DISMISSAL STOP ONLY (J.F.K., C.V. Starr, and Wells M.S. ONLY)**

STOP LOCATION: _____

Optional FERPA Release

In the event of an emergency, if I am unable to be contacted, I authorize the Brewster CSD to contact the Daycare provider with information concerning the safety and well being of my child. I understand that I am authorizing the release of confidential information to the Daycare provider, that by signing the release I am acknowledging my rights under FERPA and consenting to the release of information otherwise protected under FERPA to the Daycare provider and will waive any claims that I might have under FERPA or any other statute for such of information.

Parent/Guardian Signature: _____ Date: _____

☐ **SECTION D FOR WORK PASS SELECTION: THIS INFORMATION MUST BE SUBMITTED TO BHS ADMINISTRATION FIRST**

WORK NAME: _____ WORK PHONE# _____

WORK ADDRESS: _____

☐ **SECTION E FOR CUSTODIAL ADDRESS SELECTION INFORMATION ONLY**

PARENT LAST NAME: _____ FIRST: _____ CELL# _____

PARENT ADDRESS: _____ HOME# _____

FOR BHS OFFICE: ADMINISTRATOR APPROVAL : _____ DATE: _____

TRANSPORTATION OFFICE USE ONLY AM Route: _____ Pickup Time: _____ PM: _____ Assigned Stop: _____

This change will be made effective on: _____

The above request is granted _____ Date: _____

Supervisor of Transportation