

FRONTIER CENTRAL SCHOOL

ALTERNATE SITE APPLICATION

I hereby request that my child be transported to/from the following place other than his/her legal residence. Delivery to and/or from an alternate site **must be on a consistent basis** from week to week, for one or more days per week. Alternate site requests which vary from week to week will not be approved, except on a temporary basis, in an emergency.

Student's Legal Residence

Alternate Site

Name _____
Address _____
Zip Code: _____
Home Phone _____

Name _____
(Adult Responsible/Day Care Name)
Address _____
Zip Code: _____
Phone _____

School _____ Grade _____ Reason _____

BUS STOP – Please indicate when the bus is to stop at your home with **(H)** or at the Alternate site with **(A)**.

	Mon.	Tues.	Wed.	Thurs.	Fri.
A.M.	_____	_____	_____	_____	_____
P.M.	_____	_____	_____	_____	_____

EFFECTIVE DATE - Please allow ten days for processing. _____

Parent Signature Date

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FOR OFFICE USE ONLY

	Mon.	Tues.	Wed.	Thurs.	Fri.
A.M.	_____	_____	_____	_____	_____
P.M.	_____	_____	_____	_____	_____

Home bus stop _____ Alternate bus stop _____

Supervisor of Transportation Date

Reason if not approved: _____

DRIVER _____ SCHOOL _____ HOME _____