

**KINGSTON SCHOOL DISTRICT
ALTERNATIVE BUS STOP REQUEST
2023–2024 SCHOOL YEAR**

If you are requesting transportation to and/or from an alternative bus stop, **please complete and return this form to the school that your child attends. A separate form must be completed for EACH child. A new form must be completed each school year (even if your child care arrangements have not changed).** Allow up to 5 business days to process. Requests received **after August 15** may take up to **10 business days** to process.

School: _____ Date: _____

Child's Name _____ Grade _____

Home Address _____

Home # (____) _____ Work # (____) _____ Cell # (____) _____

Email _____

Emergency Contact 1 _____ **Relationship** _____

(____) _____ Alt # (____) _____

Emergency Contact 2 _____ **Relationship** _____

(____) _____ Alt # (____) _____

Requested Start Date: _____

Name of Day Care Center, Child Care Provider or Housing Site

Address of Day Care Center, Child Care Provider or Housing Location (____) _____
Phone Number

Pick Up Location In A.M.

Day Care/Child Care Provider/Housing Site Home

Circle Days: M T W TH F; All

Drop Off Location In P.M.

Day Care/Child Care Provider/Housing Site Home

Circle Days: M T W TH F; All

Parent/Guardian Signature

Please Print Name

Circle Days: M T W TH F; All

For Office Use Only: _____

School Approval

Date Processed

STUDENT ID
(For office use only)