

**SUSQUEHANNA VALLEY CENTRAL SCHOOL DISTRICT  
ALTERNATE TRANSPORTATION FORM  
(One Student per Form)**

**STUDENT NAME:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**SCHOOL (CIRCLE ONE):**      **DONNELLY**      **BROOKSIDE**      **RTS MIDDLE**      **HIGH**

**DATE OF REQUEST:** \_\_\_\_\_

**PARENT NAME:** \_\_\_\_\_

**STUDENT HOME ADDRESS:** \_\_\_\_\_

**PARENT PHONE NUMBER:** \_\_\_\_\_

**PARENT SIGNATURE:** \_\_\_\_\_

**REQUEST FOR: (circle) ENTIRE SCHOOL YEAR   OR   TEMPORARY-Date range:** \_\_\_\_\_

**AM Pick Up Location**

**\*\*WRITE IN: WALKER, HOME or ALT LOC in the boxes below\*\***

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

Please pick him/her up at  
Alternate Site Address: \_\_\_\_\_

Alternate Site Contact Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Is this person related to your student? If Yes, how: \_\_\_\_\_

**PM Drop Off Location**

**\*\*WRITE IN: WALKER, HOME or ALT LOC in the boxes below\*\***

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

Please drop him/her off at  
Alternate Site Address: \_\_\_\_\_

Alternate Site Contact Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Is this person related to your student? If Yes, how: \_\_\_\_\_

**Return Completed Forms to your student's school or Transportation  
(7) seven days prior to effective date.**

**TO BE COMPLETED BY TRANSPORTATION DEPARTMENT.**

<b><u>HOME BUS #</u></b>	<b><u>Alt. AM BUS #</u></b>	<b><u>Alt. PM BUS #</u></b>
AM Pick Up Time:	AM Pick Up Time:	PM Drop Off Time:
PM Drop Off Time:	Days Requested:	Days Requested:
Parent contacted:		

**\*SEE REVERSE\***

# **Susquehanna Valley Central School**

## **Regulations for Transportation to Alternate Sites**

**\*\*You must submit a new request for Alternate Transportation every year, ONE STUDENT PER FORM; even if there are no changes from last year, or your child will be picked up and dropped off to/from the home address on file.\*\***

To ensure the safe and proper delivery of each student being transported, the Susquehanna Valley Central School District **cannot accommodate daily transportation schedule changes** for students.

All changes to transportation pick up and drop off locations must be submitted **in writing** (7) seven days in advance of the change effective date.

Students assigned to Donnelly Elementary School cannot be transported to a Brookside Elementary School address for an alternate site; Brookside Elementary School students cannot be transported to a Donnelly Elementary School address for an alternate site.

If your student has an alternating or rotating schedule, a note must be submitted to your student's school on Monday every week detailing which locations transportation is requested.

Safety is number one! We appreciate your assistance in communicating the individual needs of your family, so we can continue to provide accurate transportation to all our students.

Changes are subject to bus space availability.

Any transportation questions, comments or concerns may be directed to:

**Phone: 607-775-9153 / Fax: 607-775-9162**

Susan Kildare – Transportation Supervisor - skildare@svsabers.org

Nelissa Rupe – Head Bus Driver - nrupe@svsabers.org

Jennifer Dancesia – Transportation Secretary - jdances2@svsabers.org

***SVCSD Transportation Department***

***1040 Conklin Rd, Conklin NY 13748***