



Sodus Central School District
P.O. Box 220
Sodus, NY 14551
Transportation Department

Alternate Transportation Request

- Sodus Elementary
 Sodus Intermediate
 Sodus Jr/Sr High
 Other: (School Name) _____

Student(s) Information: (Please print)

First & Last Name	Birth Date	Grade Level
_____	_____	_____
_____	_____	_____

Home Street Address, including Zip Code

Alternate Location or Daycare Information: (Please print)

Street Address	Telephone number
_____	_____
Caregiver Name	Alternate telephone number
_____	_____

Mark appropriate boxes		Mon	Tues	Wed	Thurs	Fri
	To School					
	From School					

Desired start date

Transportation will be arranged to/from alternate location at times marked above.

All other times student will be transported to home address in student information section above.

Parent/Guardian Information: (Please print)

Name (print)	Home Telephone	Alternate number
_____	_____	_____

New York State Education Law requires that a parent or legal guardian submit a written request for transportation to a child care provider **not later than April 1st each year**. Additional information can be found at:

<http://www.emsc.nysed.gov/schoolbus/>

My signature certifies that I am the parent/legal guardian of the above student(s) and authorized to request transportation to/from the alternate location/child care provider listed above.

Note: Retain a copy for your records

Signature

Date

Print, complete, and mail to Sodus Transportation