Burnt Hills-Ballston Lake CSD Transportation Department
BUS STOP CHANGE FORM 2017-2018

Request for Change of Pick Up or Dismissal Point other than Home Address

Return to your school's Main Office by July 7 or this change will not take effect until after Sept. 25

Board Policy States: Only one additional location can be used other than home.

Student _____ **Teacher** _____
Last Name First

Circle Grade K 1 2 3 4 5 6 7 8 9 10 11 12

School _____

Parent _____ _____
Last Name First Home Phone

_____ _____
Student's Home Address Work Phone

_____ _____
Cell Phone

Please check appropriate boxes

****** AM PICK-UP CHANGE ******

Name of Daycare Provider/Home of: **New Pick Up Address** **Phone #**

_____ _____ _____

☐ **Daily** ☐ **Mon** ☐ **Tues** ☐ **Wed** ☐ **Thurs** ☐ **Fri**

☐ **AM Parent Transport** ☐ **AM Y-Care at** _____
School Name

☐ **My child is no longer attending AM daycare, please return to home pick-up.**

****** PM DROP-OFF CHANGE ******

Name of Daycare Provider/Home of: **New Drop Off Address** **Phone #**

_____ _____ _____

☐ **Daily** ☐ **Mon** ☐ **Tues** ☐ **Wed** ☐ **Thurs** ☐ **Fri**

☐ **PM Parent Transport** ☐ **PM Y-Care at** _____
School Name

☐ **My child is no longer attending PM daycare, please return to home drop-off.**

_____ _____
Parent Signature **Effective Date**
Please allow 7 days for processing

For Office Use Only

Date Received _____ **Date Request Filled**

_____

AM Pick Up Bus _____ **PM Drop Off Bus** _____

Home Bus _____