



Burnt Hills – Ballston Lake CSD Transportation Department Bus Stop Change Form

Please check appropriate boxes

Reason for Change:

Joint Custody _____ Daycare _____ Y-care _____ Parent Transport _____

Student

Last Name, First Name

School

Grade

Student

Student's Home Address

Teacher

City, State, Zip

Home Phone

Work Phone

Parent

Last Name, First Name

Parent Email

Cell Phone

Board Of Education Policies:

1. For students in grades Kindergarten through grade eight, regular transportation will be provided between the school a child attends and one child care location other than the child's primary residence as follows. **Note: In instances of shared custody the secondary residence will count as the second allowable bus stop. No others will be approved. For example additional Daycare or babysitter stops.**

a. Transportation may be approved for any child care location located **within the attendance area of the school building the child attends**. Requests for transportation to a child care location outside the school building attendance area will be approved only for child care centers licensed pursuant to Section 390 of NYS Social Services Law where such child care location has filed, by August 1st of any given year, a copy of such license with the Supervisor of Transportation and has agreed to make an adult available to meet school buses picking up or discharging pupils at District designated bus stops.

b. Requests for transportation between the school building of attendance and a child care location **must follow the same schedule each week** for transportation between that child care location or the primary residence and school. Requests for transportation to more than one child care location, to more than one primary residence or according to schedules that differ from one week to the next will be denied.

c. Requests for transportation between school building of attendance and an approved child care location made by the **2nd Friday in July** will be implemented on the first day of school. Requests for such transportation received after the **2nd Friday in July** will not be approved to begin prior to the **third Monday in September**.

Note: These changes are only good for one school year.



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Student's Last Name, _____ First Name

School _____ / _____
Grade/Teacher

AM PICK-UP CHANGE

Name of Daycare Provider/Home of: _____

New Pick Up Address _____

Phone # _____

Mon Tues Wed Thurs Fri

AM Parent Transport

AM Y-Care at school
(Must be pre-registered)

School Name

PM DROP-OFF CHANGE

Name of Daycare Provider/Home of: _____

New Drop Off Address _____

Phone # _____

Mon Tues Wed Thurs Fri

PM Parent Transport: To be picked up by:
(Provide Full name and relation)

PM Y-Care at school
(Must be pre-registered)

School Name

Parent Signature

Date Change takes Effect

For Office Use Only

Date Received _____

Date Request Filled _____

AM Pick up Bus _____

PM Drop off Bus _____

Home Bus _____

Please allow 5 business days for processing
(Please return this form to the school your child attends.)