



Hamburg Area School District

Request for Alternative Transportation

Date Received _____

Please complete the following information and forward this form to: Matt Bertschy Transportation Director
matber@hasdhawks.org

Student Information

Student Name:	
Building:	Grade:
Parent Name:	
Home Address:	
Home Bus Number:	

Alternative Stop (List Name of Daycare and/or name of adult responsible for your child)

Name:
Physical Address:
Phone Number:
Alternative Phone Numbers:

Alternative Transportation is for:

_____ AM ONLY (Student will return home in the afternoon from school) Days: **M, T, W, TH, F**
 _____ PM ONLY (Student will report to school in the morning from home)
 _____ AM & PM (Student will be at this location before and after school)

I will need transportation to begin on: _____

All requests must be submitted to the Transportation Department by August 9, 2024

Requests received after this date may not be considered until September 4, 2024

- Alternative transportation will only be granted if all the following apply: Seating is available, it is along an existing route, and an existing stop.**
- Alternative transportation must be a set pattern and not changing.**
- Requests will not be honored for social activities (such as individual lessons, scouts, sleep overs or employment).**
- ONE alternative stop is permitted for students in grades K-8.**
- The alternative stop must be located with the attendance boundaries of the school your child is enrolled.**

Parent Signature _____ Date _____