

Hamburg Area School District
Request for Alternative Transportation

Date Received _____
Accept _____ Denied _____

Please complete the following information and forward this sheet to:
Hamburg Area School District, 701 Windsor St., Hamburg, PA 19526-0401
ATTN: Transportation Coordinator
Email/Scan to kimbya@hasdhawks.org or Fax to 610-562-2634

Student Information

Student's Name:	
Building:	Grade:
Homeroom Teacher:	
Home Bus Number:	Is your child considered a walker to their school? Yes No
Home Address:	

Parent/Guardian Information

Parent/Guardian Name:	Parent/Guardian Name:
Physical Address:	Physical Address:
Phone Number - Home:	Phone Number - Home:
Phone Number - Work:	Phone Number - Work:
Phone Number - Cell:	Phone Number - Cell:

Alternative Stop (List name of Daycare and/or name (s) of Adult who will be responsible for your child)

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

Alternative Transportation is for:

_____ Days
_____ AM ONLY (Student will return home in the afternoon from school.)
_____ 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 Office by August 10, 2018.**

***Requests received after this date may not be considered until September 4, 2018.**

Notes:

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

Parent's Signature

Date