

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:
Home Bus Number, (leave blank if unknown):	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:

_____ 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.)

Days

I will need transportation to begin on _____

***All requests must be submitted to the Transportation Office by August 13, 2021.**

***Requests received after this date may not be considered until September 7, 2021.**

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