

Frontier Central School District  
Transportation Department  
4430 Bayview Rd  
Hamburg, NY 14075  
(716) 926-1705  
Fax: (716)-646-2179

FOR OFFICE USE ONLY:

\_\_\_ Assignment Completed  
\_\_\_ Driver Notified  
\_\_\_ School Advised

Bus # AM: \_\_\_ PM: \_\_\_  
Stop AM: \_\_\_ PM: \_\_\_

**ALTERNATE STOP APPLICATION**

School Year 20\_\_\_ - 20\_\_\_

**PLEASE NOTE**

A request for an alternate stop other than your home address will be granted only under the following conditions:

- **THIS FORM MUST BE SUBMITTED ANNUALLY FOR THE REGULAR SCHOOL YEAR AS WELL AS SUMMER SCHOOL (IF APPLICABLE).**
- Request must be submitted by a parent or guardian and must be received in the Transportation Dept. **prior to August 17 for your alternate stop to be in place for the first day of school.**
- Pick up and drops off must be consistent from week to week
- Transportation for childcare purposes (not a licensed Daycare) will be restricted to the student's enrollment area. The stop will be located at a close corner.
- Transportation may be provided to licensed daycares located within our school district
- It may take 7-10 business days to process the request
- No alternate stops will be made within the distance/boundaries of transportation eligibility

*\*If your child attends a building other than the school assigned based on residence under the Open Enrollment conditions of the Student Transfer Policy 7133, transportation remains the responsibility of the parent(s) or guardian(s) thus is ineligible for the request herein.*

*\*Alternate transportation will begin upon notification of a starting date from the Transportation Department. Parent/guardian must notify the*

**Complete the following and return to Transportation Office**

**Student's Legal Address**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Zip Code \_\_\_\_\_  
Phone # \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_

**Alternate Site**

Name of Alt \_\_\_\_\_  
Name of Contact \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Zip Code \_\_\_\_\_  
Phone # \_\_\_\_\_

**BUS STOP** – Please indicate when the bus stop will be at your home with a **(H)** or at the alternate site with an **(A)**

	Mon.	Tues.	Wed.	Thur.	Fri.
AM	_____	_____	_____	_____	_____
PM	_____	_____	_____	_____	_____

Effective Date \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to the Transportation Department via one of the following:

Email: [Transportation\\_office@frontiercsd.org](mailto:Transportation_office@frontiercsd.org)  
Fax: (716) 646-2179  
In Person/mail: 4430 Bayview Rd Hamburg, NY 14075