## \*\*\*DUE BY JULY 10<sup>TH</sup> OF EACH UPCOMING SCHOOL YEAR

SEND TO: LOCKPORT CITY SCHOOL DISTRICT BUSINESS OFFICE 130 Beattie Avenue Lockport, New York 14094 (716) 478-4828 Fax (716) 478-4832

## ALTERNATE TRANSPORTATION REQUEST FORM JOINT CUSTODY ARRANGEMENTS WITH DOCUMENTATION SCHOOL YEAR \_\_\_\_\_ ONE FORM FOR EACH CHILD IS NEEDED IF IN DIFFERENT BUILDINGS

DATE:					
STUDENT NAME: _					
HOME ADDRESS: _					
SCHOOL ATTENDI					
CO - PARENT NAM	E:				
CO - PARENT ADDI	RESS:			·	
CO - PARENT PHON	NE #: HOME		CELL #:		
The District will provid between the school and the distance eligibility	he co-parent's addre	ess within the district			
Transportation to a co-pchild attends, <b>provided</b>					e school the
TRANSPORTATIO ADDRESS AM AND	PM EVERY OT		NDAY - FRID		
This form MUST be reschool year, so proper pafter July 10 <sup>th</sup> may res Express will contact you	olanning can be mad ult in an extended v	e to be sure room is a waiting period before	vailable on the b	us. Applicatio	ns received
PLEASE ATTACH	THE SCHOOL (	CALENDAR OF T	THE WEEKS Y	OUR CHI	LD WILL
BE AT YOUR HOM					
MODIFICATIONS					
<b>DOCUMENTATION</b>	N MUST BE ATT	<b>CACHED VERIFY</b>	ING SHARED	CUSTOD	Y EVERY
OTHER WEEK.					
APPROVED	DENIED		BUS #		

\* A NEW FORM WILL BE DUE YEARLY BY JULY 10<sup>th</sup> OF THE UPCOMING SCHOOL YEAR WITH A CALENDAR