

NORTH ANDOVER PUBLIC SCHOOLS

Alternate Transportation Authorization Form 2016- 2017

This form is used to request bus transportation to or from an address other than the student's legal residence.
(See instructions on the reverse side of this page).

Student's Name _____ School _____ Grade _____

Kindergarten: half-day or full day

Legal Residence _____ North Andover, MA

Cell phone: _____

Parent Name(s) _____ Home phone: _____

A Student's Residence (as indicate above)

Please provide the following information.

B Name of Adult Responsible for Child _____

Street Address _____ Telephone _____

C Name of Adult Responsible for Child _____

Street Address _____ Telephone _____

X Student does not require bus transportation at this time.

WEEKLY PICK-UP & DELIVERY SCHEDULE

Place one letter [A, B, C, or X] in each of the boxes to indicate the location of pickup and delivery on each day of the week. **THERE MUST BE ONE LETTER IN EVERY BOX.** The School Department requires that the same schedule must apply every week. Please be aware that there may not be bus service at your home address on the days that your child is being picked up or delivered at "B" or "C", or not transported as indicated by an "X".

	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
A. M. Pickup Location	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
P. M. Drop-Off Location	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Your signature authorizes the School Department to transport your child to/from the alternate locations specified and/or indicates days when your child will not be riding a bus school.

Parent Signature _____ Date _____

(This section is for office use only.)

An analysis of existing bus routes confirms that this request can be fulfilled without disrupting routes consistent with School Committee policy. Transportation Start Date: _____

Pickup Bus #	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Delivery Bus #	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

An analysis of existing bus routes indicates that this request cannot be fulfilled without disrupting routes consistent with School Committee policy. Your school administrator has been provided with information for use in discussing other options with you that may be satisfactory.

Comment: _____

Authorized Signature of School Department _____ Date _____

Alternate Transportation Authorization Form Instructions

The parent/guardian must complete this form and mail, fax or deliver it to the N.A.P.S. Transportation Office. Note that students receiving alternate transportation must be eligible for town-funded transportation or subscribe to paid busing. Childcare providers must be located within the attendance area of the school attended by the student. Exceptions may apply.

The transportation schedule established by this request remains in effect throughout the school year. Schedule may be changed or terminated only by submitting a new form subject to the lead-time for review and implementation as defined below.

<u>Line</u>	<u>Instructions</u>
Student's Name:	First name and last name. Do not use nicknames. Kindly submit a separate form for each student. Additional forms are available on the website www.northandoverpublicschools.com
School/Grade:	Name of school student attends or will be attending. Grade student is assigned.
Legal Residence:	The street address of the place located within North Andover where the child regularly sleeps. The address must be certified for residential occupancy.
Parent Name(s):	Print full name of one legal parent/guardian.
Home Phone:	Telephone numbers of the phone located at the legal residence defined above. (This is will not be used as the emergency contact number unless the number is the same as a number given to the school for emergency contact purposes.)
Cell Phone.:	The parents cell phone is backup.
Line "B" and/or "C":	The complete name of one or both childcare providers.
Street Address:	Provide the house number and street name of the provider(s) location. Provider must be located in the Town of North Andover.
Telephone Number:	Provide the telephone number of each childcare provider.
Pickup & Delivery Schedule:	<ol style="list-style-type: none">(1) Print an "A" in the appropriate boxes for each day that the child should be picked up or delivered at the legal residence. (Do not use this form if the child is to be picked up and delivered home every day unless you are terminating a previously established alternate pickup up and delivery schedule. Print an "A" in all 10 boxes to terminate alternate transportation and return to five-day service between home and school.)(2) Beginning with Monday, print a "B" or "C" corresponding to the daycare provider in the pickup box directly beneath the word "Monday" if the child is to be picked up at the corresponding provider on Monday before school.(3) Print a "B" or "C" in the "Monday" box beneath the first box if the child is to be delivered to the corresponding provider on Monday after school.(4) Repeat steps (2) and (3) for each of the four remaining days of the week.(5) If any boxes are blank at this point print an "X" in each empty box to indicate that the student will not be riding the school bus. (Print an "X" in all 10 boxes to indicate child ill not be riding the bus at all. Transportation can be resumed by contacting the transportation office the student's school.)(6) When complete, every one of the ten (10) boxes must contain a specified letter.
Parent Signature & Date:	Be sure to sign and date the form(s). Your signature authorizes the School Department to transport your student to/from the alternate locations specified and/or indicates days when your child will not be riding a bus school.
Mail completed form(s) to:	North Andover Public Schools, Transportation Office, 566 Main Street, North Andover, MA 01845.
Fax:	Forms may also be faxed to the Transportation Office, 978-794-0231 Attention: Pam
Processing:	Your request will be handled as follows: <ul style="list-style-type: none">• Understand requested schedule.• Confirm transportation eligibility.• Determine implementation capability.• Processing time is approximately 3 -5 days to determine implementation capability.• Transportation office will notify parent/guardian and school of bus assignment.• If your request cannot be fulfilled, an explanation will be provided.