

**KINGSTON SCHOOL DISTRICT  
ALTERNATIVE BUS STOP REQUEST  
2024–2025 SCHOOL YEAR**

If you are requesting transportation to and/or from an alternative bus stop, **please complete and return this form to the school that your child attends. A separate form must be completed for EACH child. A new form must be completed each school year (even if your child care arrangements have not changed).** Allow up to 5 business days to process. Requests received **after August 15** may take up to **10 business days** to process.

School: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Home Address \_\_\_\_\_

Home # (\_\_\_\_) \_\_\_\_\_ Work # (\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

**Emergency Contact 1** \_\_\_\_\_ **Relationship** \_\_\_\_\_

# (\_\_\_\_) \_\_\_\_\_ Alt # (\_\_\_\_) \_\_\_\_\_

**Emergency Contact 2** \_\_\_\_\_ **Relationship** \_\_\_\_\_

# (\_\_\_\_) \_\_\_\_\_ Alt # (\_\_\_\_) \_\_\_\_\_

**Requested Start Date:** \_\_\_\_\_

\_\_\_\_\_  
**Name of Day Care Center, Child Care Provider or Housing Site**

\_\_\_\_\_  
**Address of Day Care Center, Child Care Provider or Housing Location**

(\_\_\_\_) \_\_\_\_\_

**Phone Number**

**Pick Up Location In A.M.**

Day Care/Child Care Provider/Housing Site  Home

Circle Days: M T W TH F; All

**Drop Off Location In P.M.**

Day Care/Child Care Provider/Housing Site  Home

Circle Days: M T W TH F; All

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Please Print Name**

Circle Days: M T W TH F; All

**For Office Use Only:** \_\_\_\_\_

\_\_\_\_\_  
**School Approval**

\_\_\_\_\_  
**Date Processed**

\_\_\_\_\_  
**STUDENT ID**  
(For office use only)