

**KINGSTON CITY SCHOOL DISTRICT**  
**REQUEST FOR SPECIAL PERMISSION ~ 2021-2022 SCHOOL YEAR**

To: Special Permission  
Kingston City School District  
21 Wynkoop Place  
Kingston, New York 12401

- Please PRINT all information
- Please INITIAL and SIGN

Phone: 845-943-3000, ext. 3007; FAX: 845-943-3216

School Requested: \_\_\_\_\_

School where I reside: \_\_\_\_\_

Residence address: \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

I understand: If this request is approved, it is only for the current school year.

*Please initial here* \_\_\_\_\_

Permission for the transfer will only be honored if the requested school grade class size permits.

*Please initial here* \_\_\_\_\_

Transportation is the responsibility of the parents.

*Please initial here* \_\_\_\_\_

Reason for request of special permission to attend a school outside your attendance zone:

\_\_\_ Daycare – forms enclosed must be completed\*

\_\_\_ Moved to another attendance zone in the district – **proof of residency must be attached**

\_\_\_ Other: *Please be specific* \_\_\_\_\_

\_\_\_\_\_  
Signature of Persons in Parental Relation

Print Name: \_\_\_\_\_

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

Daytime Phone \_\_\_\_\_

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**ACTION OF THE SUPERINTENDENT** (for office use)

\_\_\_ APPROVED

\_\_\_ DENIED

Superintendent's Signature: \_\_\_\_\_

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

Enclosures: Voluntary Student Transfer Regulations and/or School Admissions

(To be retained by parent/guardian)

\*Day Care Information Letter (attachment) (To be completed by day care provider and returned with this form)

\*Alternative Bus Stop Request (attachment) (To be completed by parent/guardian and returned with this form)

**DAY CARE INFORMATION**

(Return with *Request for Special Permission Form*)

Parent/Guardian Name: \_\_\_\_\_

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

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

*To Whom It May Concern:*

This is to certify that I \_\_\_\_\_ reside at  
(print name)

\_\_\_\_\_ and provide childcare in my home  
(street address of your residence)

for the following student(s): (please indicate name and grade of each student):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_  
Signature of childcare provider

*Any person who knowingly and with intent to defraud the Kingston School District or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime.*

Please complete this form and return it at your earliest convenience to:

Kingston City School District  
Attn: Special Permissions  
21 Wynkoop Place  
Kingston, New York 12401

**KINGSTON SCHOOL DISTRICT  
SPECIAL PERMISSION ALTERNATIVE BUS STOP REQUEST  
2021-2022 SCHOOL YEAR**

**If you are requesting transportation to and/or from an alternative bus stop for daycare, please complete and return this form with the *Request for Special Permission form*. A bus stop request 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).**

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

**Student's Name:** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
\_\_\_\_\_

**Home Phone Number:** (    ) \_\_\_\_\_

**Emergency Number(s):** (    ) \_\_\_\_\_ (    ) \_\_\_\_\_ (    ) \_\_\_\_\_

**Name and address of person responsible at alternative bus stop.** **NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**PHONE:** (    ) \_\_\_\_\_ **CELL:**(    ) \_\_\_\_\_

**My child's schedule will be as follows (please check one only)**

- **Students that ride on a small bus must have the same pick up and drop off location.**
- **Pick up and drop off location must be within the students' school attendance zone.**

\_\_\_\_\_ Child will be picked up **FROM** daycare alternative bus stop

\_\_\_\_\_ Child will be **DROPPED OFF** at daycare alternative bus stop

\_\_\_\_\_ Child will be **PICKED UP** and **RETURNED TO** daycare alternative bus stop

I UNDERSTAND THAT THIS ARRANGEMENT IS FOR A FULL WEEK (5 DAYS, M-F), TO SCHOOL AND/OR FROM SCHOOL, FOR THE ENTIRE SCHOOL YEAR.

**Persons in Parental Relation(print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Persons in Parental Relation Signature:** \_\_\_\_\_

FAX to (845) 943-3215

**School Approval**  
(office use)