



Mahopac Central School District
TRANSPORTATION DEPARTMENT
100 Myrtle Avenue | Mahopac, NY 10541
Front Desk: (845) 628-7447
email:transportation@mahopac.org



Supervisor of Transportation
Leonor Volpe

ALTERNATE TRANSPORTATION FORM 2023-2024

*Please note, this form is to be submitted to Transportation@mahopac.org

EVERYONE MUST FILL OUT SECTION "A", THEN ONE OR MORE OF "B," "C," "D," OR "E" BELOW

☐ **SECTION A:** Please print student information below for each selection: Today's Date: _____
Student's Last Name: _____ First Name: _____ MI: _____
Parent/Guardian Last Name: _____ First Name: _____ Home #: _____
Street Address: _____ Cell #: _____
Home Bus Stop: _____
School of Attendance: _____ Grade: _____
Parent Signature: _____

☐ **SECTION B: FOR A DAYCARE SELECTION: (K-8 ONLY)** Requested Date of change: _____
Section 3635 of the New York State Education Law requires that parents who have students in grades K-8, who wish to have their child transported to or from a Babysitter or child care facility, must present this request in writing to the Board of Education. All child transportation requests must be submitted **annually** in writing and approved by the Supervisor of Transportation. Changes may not be made on a daily basis. The district will accommodate such requests in accordance with the law. **ALLOW 5 DAYS FOR PROCESSING.**
Name of Day Care: _____ **Address:** _____ **Phone:** _____
This Change is for (circle): Route: AM / M T W TH F This Change is for (circle): Route: PM / M T W TH F

☐ **SECTION C: FOR UNPLANNED EARLY DISMISSAL STOP ONLY (LKV, FR, and AR ONLY)**
STOP LOCATION: _____

Optional FERPA Release

In the event of an emergency, if I am unable to be contacted, I authorize the Mahopac CSD to contact the Daycare provider with information concerning the safety and well being of my child. I understand that I am authorizing the release of confidential information to the Daycare provider, that by signing the release I am acknowledging my rights under FERPA and consenting to the release of information otherwise protected under FERPA to the Daycare provider and will waive an claims that I might have under FERPA or any other statute for such of information.

Parent/Guardian Signature: _____ Date: _____

☐ **SECTION D: FOR WORK PASS SELECTION: THIS INFORMATION MUST BE SUBMITTED TO MHS ADMINISTRATION FIRST**

WORK NAME: _____ WORK PHONE# _____
WORK ADDRESS: _____

☐ **SECTION E: FOR CUSTODIAL ADDRESS SELECTION INFORMATION ONLY**

PARENT LAST NAME: _____ FIRST: _____
CELL# _____ PARENT ADDRESS: _____
HOME# _____

FOR MHS OFFICE: ADMINISTRATOR APPROVAL : _____ DATE: _____

TRANSPORTATION OFFICE USE ONLY AM Route: _____ Pickup Time: _____ PM: _____ Assigned Stop _____
This change will be made effective on: _____

The above request is granted _____ Date: _____

Supervisor of Transportation