



# Hamburg Area School District

## Request for Alternative Transportation

Date Received \_\_\_\_\_

Please complete the following information and forward this form  
to: Matt Bertschy Transportation Director  
[matber@hasdhawks.org](mailto:matber@hasdhawks.org)

### Student Information

Student Name:	
Building:	Grade:
Parent Name:	
Home Address:	
Home Bus Number:	

### Alternative Stop (List Name of Daycare and/or name of adult responsible for your child)

Name:
Physical Address:
Phone Number:
Alternative Phone Numbers:

### Alternative Transportation is for:

\_\_\_\_\_ AM ONLY (Student will return home in the afternoon from school) Days: **M, T, W, TH, F**  
\_\_\_\_\_ PM ONLY (Student will report to school in the morning from home)  
\_\_\_\_\_ AM & PM (Student will be at this location before and after school)

I will need transportation to begin on: \_\_\_\_\_

**All requests must be submitted to the Transportation Department by August 9, 2024**

**Requests received after this date may not be considered until September 4, 2024**

1. Alternative transportation will only be granted if all the following apply: Seating is available, it is along an existing route, and an existing stop.
2. Alternative transportation must be a set pattern and not changing.
3. Requests will not be honored for social activities (such as individual lessons, scouts, sleep overs or employment).
4. **ONE** alternative stop is permitted for students in grades K-8.
5. The alternative stop must be located with the attendance boundaries of the school your child is enrolled.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_