



## Long Beach Public Schools

### Transportation Department

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Lido Beach, NY 11561

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**Mrs. Nancy Nunziata**  
Transportation Supervisor

### **ALTERNATE STOP REQUEST FORM (Pre-K-8<sup>th</sup>)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                |                                                                        |                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------------------------------------------|-----------------------------------|
| STUDENT NAME:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                |                                                                        |                                   |
| NAME OF SCHOOL ATTENDING:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                |                                                                        | GRADE: (Pre-K – 8 <sup>th</sup> ) |
| STUDENT ADDRESS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                |                                                                        |                                   |
| GENDER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | DATE OF BIRTH: | IS STUDENT REGISTERED WITH LONG BEACH UFSD?<br>YES                  NO | HOME PHONE:                       |
| <b><u>PERSONS IN GUARDIANSHIP AT THIS ADDRESS</u></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                                                        |                                   |
| MOTHER/LEGAL GUARDIAN'S NAME:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                | EMAIL ADDRESS:                                                         | PHONE:                            |
| FATHER/LEGAL GUARDIAN'S NAME:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                | EMAIL ADDRESS:                                                         | PHONE:                            |
| <b><u>ALTERNATE SITE INFORMATION</u></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |                                                                        |                                   |
| SITE NAME:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                |                                                                        | PHONE:                            |
| SITE ADDRESS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                |                                                                        | CELL:                             |
| AM PICKUP ONLY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                | PM DROP-OFF ONLY:                                                      | BOTH AM & PM                      |
| DAYS OF THE WEEK AM:<br>M      T      W      TH      F      M-F                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                | DAYS OF THE WEEK PM:<br>M      T      W      TH      F      M-F        |                                   |
| <b><u>CONDITIONS FOR ALTERNATE STOPS:</u></b><br><br>1. The address of exception/alternate site must be located within the Long Beach School District.<br>2. Eligibility Requirements set by the BOE of the Long Beach School District must also be met.<br>For Pre-K: Distance between alternate site and school must be over (1/3) of a mile.<br>For K-5: Distance from alternate site to school must be over (1/2) of a mile.<br><br><b>Please Email to: <a href="mailto:forms-transp@lbeach.org">forms-transp@lbeach.org</a></b> |                |                                                                        |                                   |
| I certify that the above information is correct and understand all of the above eligibility conditions. If any of the information above is not accurate or if the above stated conditions have not been met, transportation services will be revoked.                                                                                                                                                                                                                                                                                |                |                                                                        |                                   |
| Parent/Legal Guardian's Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                |                                                                        | Date:                             |