Long Beach School District
Transportation Department
659 Lido Blvd
Lido Beach, NY 11561
516-897-2132
www.lbeach.org

Paul Weydig
Supervisor
SY: 2025-26

ALTERNATE STOP REQUEST FORM (*Pre-K-8th)*

STUDENT NAME:			
NAME OF SCHOOL ATTENDING:			GRADE: (Pre-K – 8th)
STUDENT ADDRESS:			
GENDER:	DATE OF BIRTH:	IS STUDENT REGISTERED WITH LONG BEACH UFSD? YES NO	HOME PHONE:

PERSONS IN GUARDIANSHIP AT THIS ADDRESS

MOTHER/LEGAL GUARDIAN'S NAME:	EMAIL ADDRESS:	PHONE:
FATHER/LEGAL GUARDIAN'S NAME:	EMAIL ADDRESS:	PHONE:

ALTERNATE STOP INFORMATION

NAME:	PHONE:
ADDRESS:	CELL:

AM PICKUP ONLY:	PM DROP-OFF ONLY:	BOTH AM & PM

DAYS OF THE WEEK AM:	DAYS OF THE WEEK PM:
M T W TH F M-F	M T W TH F M-F

CONDITIONS FOR ALTERNATE STOPS:

1. Students are only permitted one alternate stop in the AM and one in the PM.
2. The address of exception/alternate stop must be located within the Long Beach School District.
3. Eligibility Requirements set by the BOE of the Long Beach School District must also be met.
   For Pre-K: Distance between alternate address and school must be over (1/3) of a mile.
   For K-5: Distance from alternate address to school must be over (1/2) of a mile.

Please Email to: forms-transp@lbeach.org

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: