



Long Beach Public Schools
Transportation Department
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Mr. David Weiss
Superintendent of Schools

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Executive Director-Office of Human Resources

Mr. Michael I. DeVito, Esq.
Chief Operating Officer

Mr. Christopher Malone
Transportation Supervisor

2017-18 ALTERNATE STOP REQUEST FORM (Pre-K-8th)

Email to: alternatesite@lbeach.org

STUDENT NAME:			
NAME OF SCHOOL ATTENDING:			GRADE: (Pre-K – 8 th)
STUDENT ADDRESS:			
GENDER:	DATE OF BIRTH:	IS STUDENT REGISTERED WITH LONG BEACH UFSD? YES NO	HOME PHONE:
<u>PERSONS IN GUARDIANSHIP AT THIS ADDRESS</u>			
MOTHER/LEGAL GUARDIAN'S NAME:		EMAIL ADDRESS:	CELL PHONE #:
FATHER/LEGAL GUARDIAN'S NAME:		EMAIL ADDRESS:	CELL PHONE #:
<u>ALTERNATE SITE INFORMATION</u>			
SITE NAME:			PHONE:
SITE ADDRESS:			CELL:
AM PICKUP ONLY:		PM DROP-OFF ONLY:	BOTH AM & PM
DAYS OF THE WEEK AM: M T W TH F M-F		DAYS OF THE WEEK PM: M T W TH F M-F	
<u>CONDITIONS FOR ALTERNATE STOPS:</u> 1. The address of exception/alternate site must be located within the Long Beach School District. 2. Mileage requirements set by the BOE of the Long Beach School District must also be met. Mileage Requirements: Pre-K = Must be over .333 (1/3) miles from alternate site to school. K-5 = Must be over .5 (1/2) miles from alternate site to school.			
In the event that this application is approved, I do hereby agree to save the school district harmless from any damages resulting from the approval of this request. I have read this entire application and I understand it fully. All the statements included in this application are true to my own personal knowledge. <i>I understand and agree that this request for special transportation is on a daily basis. ONLY ONE ALTERNATE SITE PER CHILD</i>			
Parent/Legal Guardian's Signature:			Date:
Received By:			Date Received: