

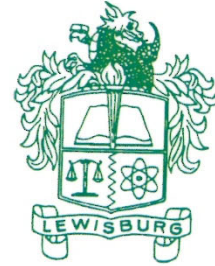
Lewisburg Area School District

JENNIFER POLINCHOCK, Ed.D.
Superintendent

CATHY MOSER, M.Ed.
Assistant Superintendent

JOHN FAIRCHILD, D.B.A.
Director of Administrative Services

CENTRAL ADMINISTRATIVE OFFICE
1951 WASHINGTON AVENUE, DEPT. C.O.
PO BOX 351
LEWISBURG, PENNSYLVANIA 17837-0351
Telephone 570.523.3220
FAX 570.524.9313



TO: ALL PARENTS

FROM: John Fairchild
Director of Administrative Services

SUBJECT: Alternative Child Care Bus Transportation

THIS FORM MUST BE FILLED OUT ON A YEARLY BASIS.

Special busing arrangements **to alternative caretakers for children with working parents** have been established by the school board. Board Policy 810 relates to busing children to or from locations other than their residence. This policy can be found online at www.lasd.us > School Board > Board Policies.

The policy clearly defines the circumstances under which students may be picked up or dropped off at locations other than their home:

1. **This transportation is only for the purpose of child care.**
2. **Only one alternative stop for child care is permitted per child.**
3. Stops will be made only along established routes. No bus routes will be changed for alternative stops.
4. Students will only use existing stops. New stops will not be created if an existing stop is within the stated walking distance in present policy or PA Dept. of Education guidelines.
5. Pupils covered by the policy must be transported to or from the alternative location on a regular basis.
6. Parents must assume responsibility for seeing that their children board the bus at the proper place and time.
7. Alternative transportation may be altered or suspended in the event of a pandemic or other natural disaster.
8. **The parents of all pupils covered by the policy must submit a request in writing on a yearly basis. Notices of approval or disapproval will be returned to the parents.**
9. Please complete the form on the reverse side.

Return the form to: Michael Jones, Student Services Coordinator
Lewisburg Area School District
1951 Washington Ave.
Lewisburg, PA 17837
jones_m@lasd.us

**LEWISBURG AREA SCHOOL DISTRICT
REQUEST FOR ALTERNATIVE CHILD CARE TRANSPORTATION
FOR ELEMENTARY STUDENTS ONLY**

Student Name: _____ Grade: _____

Home Address: _____ School: _____

_____ Teacher: _____

Home Phone #: _____ Cell/Work Phone #: _____

Parent Email: _____

Student would normally ride Bus No. _____

Alternative Child Care:

CHECK ONE: _____ Private Home or Relative providing Child Care:
Name, address, phone number of adult providing care

_____ Parent pick up at an Alternative Location:
Name, address/ Bus Stop and phone number of Parent

_____ Day Care Facility
Name, address and phone number of Facility

TRANSPORTATION IS REQUESTED:

_____ To School AM _____ From School PM _____ Both AM & PM

ON THE FOLLOWING DAYS: START DATE: _____

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

Parent Name: _____

Signature: _____ Date: _____

FOR DISTRICT USE ONLY

_____ Denied Reason for denial: _____

_____ Approved Bus No.: _____ Bus Stop: _____

Starting Date: _____