



YONKERS PUBLIC SCHOOLS

**TRANSPORTATION DEPARTMENT
ALTERNATE TRANSPORTATION ARRANGEMENT
FOR DISTRICT APPROVED AFTER SCHOOL CHILD CARE AGENCIES**

- Please note that the students who are no longer attending program must be dropped from transportation. Please contact transportation by [e-mail with students name and effective drop date](#).

Date: _____ School: _____ Grade: _____

Student's Name: _____

Address: _____

Parent/Guardian: _____ Telephone #: _____

Name of Person at Alternate Address: _____

Alternate Address: _____ Telephone #: _____

I have read and understand the application of Alternate Transportation Arrangement, I give permission for my child to use this arrangement and I will notify the Transportation Department one week prior to ending this service.

Elizabeth Celisa Araujo
Parent/Guardian Signature

State Date 10/23/17

TRANSPORTATION DEPARTMENT USE ONLY

Transportation Assignment
Route: _____ Time: _____
Location: _____
Company: _____

Alternate Transportation Assignment
Route: _____ Time: _____
Location: _____
Company: _____

Student ID #: _____