

# ***SWEET HOME CENTRAL SCHOOL DISTRICT***

## **SPECIAL BUSING REQUESTS (SBR) FORM**

This form is used for parents or guardians of students in the Sweet Home school district to temporarily change their student's pick up location or drop off location from other than the student's home address, such as day cares (D/C), relative's home, babysitter's home etc. This form is not to be used for transportation to a student's place of employment at any time.

*Note: All Special Busing Requests expire at the end of each school year. If the parent or guardian needs the form to be carried over to the following school year, a new form is required.*

This special busing request must be submitted to the home school whenever the school involved is one of the following: *Sweet Home High, Sweet Home Middle, Heritage Heights, Glendale, Maplemere, or Willow Ridge* elementary schools.

*Private or parochial school students:* The form must be sent directly to the Sweet Home Transportation Department. Special requests will be approved for one alternative location other than the student's home that is within the Sweet Home School District.

All pick up/drop off spots must be approved and are approved at the sole discretion of the district; *No pickups and/or drop offs to cars, vacant parking lots, etc.* Also, any stop that the district believes is unsafe to the student(s) or the bus, will be declined. The special busing request can vary day to day, but has to remain consistent from week to week (weekly schedule changes will not be approved). Any change in the request must be directed to the home school (or the transportation dept. for private and parochial schools) for authorization on a new form. The affected *Sweet Home School* will then notify the transportation department for approval and driver notification. (In the case of a private or parochial school, the transportation department will notify the guardian on the form.)

Approved special busing will begin three days after receipt of the request. It is recommended that all requests should be made at least one week before the service is to begin.

Emergency requests or a one day pass will be approved on a day-to-day basis. These requests should go through the school for approval. These requests do not require this form. These requests will be handled by a one day pass authorized from the affected *Sweet Home School* to the bus driver. An emergency request will only be approved for transportation within the attendance zone of that school. (*Not applicable to private and parochial schools*).

**Parent or guardian notes to the drivers requesting another student (not scheduled for that bus) to ride with their child, will be declined and denied transportation. Requests of this nature need to be previously authorized by the district.**

If you have any questions, please do not hesitate to contact our transportation office at 716-250-1435 or fax 716-250-1439.

Sincerely,  
Robert M. Weselak  
Sweet Home Transportation Supervisor

[rweselak@sweethomeschools.org](mailto:rweselak@sweethomeschools.org)

**SWEET HOME CENTRAL SCHOOL DISTRICT  
DEPARTMENT OF TRANSPORTATION  
*Special Busing Request (SBR)***

APPLICATION FOR SPECIAL TRANSPORTATION  
For changing the drop off and/or pick up location for a student(s)

STUDENT'S NAME \_\_\_\_\_  
LAST
FIRST
MI

HOME ADDRESS \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ EMERGENCY PHONE # \_\_\_\_\_

SCHOOL OF ATTENDANCE: (check one)

Heritage Hts. \_\_\_\_\_ Maplemere \_\_\_\_\_ Glendale \_\_\_\_\_ Willow Ridge \_\_\_\_\_

Middle School \_\_\_\_\_ High School \_\_\_\_\_ Out of District School (Name) \_\_\_\_\_

Transportation Request: (Briefly describe where your child is to be picked up and dropped off)

**NOTE:** One pickup/drop off location other than your home address may be designated. Location of pickup/drop off must be within the attendance zone of school or an authorized day care center within the Sweet Home School District. (Please see back of form for further details)

Monday A.M. \_\_\_\_\_ P.M. \_\_\_\_\_  
 Tuesday A.M. \_\_\_\_\_ P.M. \_\_\_\_\_  
 Wednesday A.M. \_\_\_\_\_ P.M. \_\_\_\_\_  
 Thursday A.M. \_\_\_\_\_ P.M. \_\_\_\_\_  
 Friday A.M. \_\_\_\_\_ P.M. \_\_\_\_\_

Requested beginning date: MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_

Approved Special Busing Request will begin within 3 days of receipt of request.

In requesting special transportation, I agree to and accept the responsibility of providing instruction to my child so that he/she understands the travel arrangements as requested. I also agree to insure that there will be a responsible adult at the drop off location to receive my child\*. (Elementary school children)

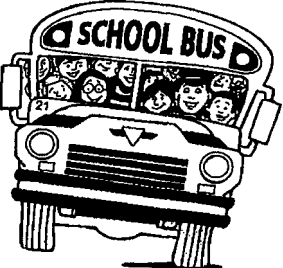
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

COMMENTS: \_\_\_\_\_

Signature of Building Administrator _____	Approved _____	Disapproved _____
Signature of Transportation Supervisor _____	Approved _____	Disapproved _____
Comments _____		

**FOR PRIVATE AND PAROCHIAL SCHOOL STUDENTS, PLEASE FAX FORM TO: (716) 250-1439  
OR EMAIL TO: RWESLAK@SWEETHOMESCHOOLS.ORG**

Sweet Home Transportation  
1741 Sweet Home Road  
Amherst, NY 14228  
250-1435



**SWEET HOME CENTRAL SCHOOL DISTRICT**  
**DEPARTMENT OF TRANSPORTATION**  
*Special Busing Request (SBR)*

APPLICANT: \_\_\_\_\_ ON  
 For changing the drop off and/or pick up location for a student(s)

STUDENT'S NAME Doe John M.  
LAST FIRST MI

HOME ADDRESS 123 Sweet Home Rd, Amherst, NY 14228

HOME PHONE # (716) 000-0000 EMERGENCY PHONE # (716) 000-0001

SCHOOL OF ATTENDANCE: (check one)  
 Heritage Hts.  Maplemere \_\_\_\_\_ Glendale \_\_\_\_\_ Willow Ridge \_\_\_\_\_  
 Middle School \_\_\_\_\_ High School \_\_\_\_\_ Out of District School (Name) \_\_\_\_\_

Transportation Request: (Briefly describe where your child is to be picked up and dropped off)  
**NOTE:** One pickup/drop off location other than your home address may be designated. Location of pickup/drop off must be within the attendance zone of school or an authorized day care center within the Sweet Home School District. (Please see back of form for further details)

Monday	A.M.	<u>Home</u>	P.M.	<u>Home</u>
Tuesday	A.M.	<u>Shining Stars D/C</u>	P.M.	<u>Home</u>
Wednesday	A.M.	<u>Home</u>	P.M.	<u>Shining Stars</u>
Thursday	A.M.	<u>Shining Stars D/C</u>	P.M.	<u>Shining Stars</u>
Friday	A.M.	<u>Home</u>	P.M.	<u>Home</u>

Requested beginning date: MONTH Feb. DAY 20<sup>th</sup> YEAR 2000

Approved Special Busing Request will begin within 3 days of receipt of request.

In requesting special transportation, I agree to and accept the responsibility of providing instruction to my child so that he/she understands the travel arrangements as requested. I also agree to insure that there will be a responsible adult at the drop off location to receive my child\*. \*(Elementary school children)

Parent/Guardian Signature Jane Doe Jane Doe Date 2-16-2000

COMMENTS: Mr. Sam Doe (grandpa) can get John off the bus.

Signature of Building Administrator \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved \_\_\_\_\_  
 Signature of Transportation Supervisor \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved \_\_\_\_\_  
 Comments \_\_\_\_\_

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 OR EMAIL TO: RWESELAK@SWEETHOMESCHOOLS.ORG

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 1741 Sweet Home Road  
 Amherst, NY 14228  
 250-1435



**SAMPLE**

Revised 2/2016