

ARLINGTON CENTRAL SCHOOL DISTRICT
TRANSPORTATION DEPARTMENT
144 Todd Hill Road
Lagrangeville, N.Y. 12540
DANIEL MCNAMARA - DIRECTOR OF TRANSPORTATION

EMAIL THIS FORM TO: ACSDTRANS CONCERN@ACSDNY.ORG

PARENTAL REQUEST/CONCERN FORM

PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE/ONE CHILDS NAME PER SHEET

STUDENT NAME: _____
PHONE # _____ EMAIL: _____
ADDRESS: _____
SCHOOL: _____ BUS ROUTE # _____

SCHEDULED BUS STOP LOCATION: _____

DESCRIBE REQUEST/CONCERN:

IS STOP MORE THAN 1 MILE FOR SECONDARY? Y/N
IS STOP MORE THAN .5 MILE FOR ELEMENTARY? Y/N
IS THE STOP LOCATED ON A CURVE? Y/N

PARENT OR GUARDIAN SIGNATURE: _____ DATE: _____

DO NOT WRITE BELOW THIS LINE/TRANSPORTATION USE ONLY

TRANSPORTATION RESOLUTION:

TRANSPORTATION STAFF SIGNATURE: _____

TITLE: _____ DATE: _____