

**HOLLAND CENTRAL SCHOOL DISTRICT
PERMANENT BUS PASS INFORMATION
2021-2022**

- **ONLY** fill out this form if your child needs to go an alternate point (a location **other than** home) on a consistent regular basis.
- **ONE alternate address** is permitted; this eliminates confusion and preserves the welfare of each student.
- We must receive this request on or before **8/20/21 for changes to be in effect on the first day of school.**
- **REMEMBER-** Bus pass information does **NOT** carry over from the last school year.

Return to: HCSD Transportation Department at 103 Canada St., Holland, NY 14080 or fax to (716) 537-8237.

***** **EFFECTIVE DATE:** _____ (please allow 3-5 business days for processing)

Student Name: _____ Grade: _____ Teacher Name: _____

Parent/Guardian (printed): _____ Signature: _____

Home Address: _____

City, State, Zip: _____

Phone: _____ Route #: _____ (if known)

Address of Alternate Pickup or Drop-off site:

Name: _____

Street Address: _____

City, State, Zip _____

Phone: _____ Route #: _____ (if known)

Please circle the AM and/or PM that your child will need to be picked up or dropped off **at the alternate site.**

A.M. Bus MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

P.M. Bus MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

Please circle AM and/or PM if you will be bringing your child to school and/or picking your child up at the end of the day, **on a regular basis,**

A.M. parent/guardian drop-off MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

P.M. parent/guardian pickup MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

Please use the back of this form for any additional information.

FOR INTERNAL USE ONLY: Date received @ Transportation: _____ @school office: _____