

Donegal School District  
**Alternate Transportation Request Form**

2022-2023

**Please complete a separate form for each student YEARLY as family dynamics and needs change from year to year.**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_

Guardian/Parent Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

- School Location:       Donegal High School       Donegal Intermediate School  
 Donegal Junior High School       Donegal Primary School  
 Other: \_\_\_\_\_

**ALTERNATE SITE for the purpose of:  daycare  custody agreement (Car Riders need not provide alternate site info.)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please mark an "X" on the appropriate line for pick up and drop off, choosing only one line per box.  
 One "X" should be noted for each weekday AM transport and one "X" for each PM transport (10 total).**

Monday	Tuesday	Wednesday	Thursday	Friday
AM: Home _____	AM: Home _____	AM: Home _____	AM: Home _____	AM: Home _____
Alternate _____	Alternate _____	Alternate _____	Alternate _____	Alternate _____
Car Rider _____	Car Rider _____	Car Rider _____	Car Rider _____	Car Rider _____
PM: Home _____	PM: Home _____	PM: Home _____	PM: Home _____	PM: Home _____
Alternate _____	Alternate _____	Alternate _____	Alternate _____	Alternate _____
Car Rider _____	Car Rider _____	Car Rider _____	Car Rider _____	Car Rider _____

I confirm and understand:

- I am the parent/guardian of the above student.
- The alternate site stop will be assigned to an *existing bus route/stop* for the school year and must be *within the Donegal School District boundaries*.
- My request needs to be submitted prior to July 24 if I expect it to be in place for the first day of school.**
- Any *requests submitted the week before school starts will be placed on HOLD* until after the first week of school has been completed.
- Donegal requires a weekly consistent schedule to ensure student safety.* Families, whose schedules vary, are asked to make other arrangements when their schedule deviates from this request. Only one alternate site with an existing stop will be approved.
- Requests need to be submitted by Wednesday noon for an effective date of the following Monday. Due to examination of the bus route(s), required adjustments, population and capacity on bus(es), and communication of such changes, this allotted time is required.
- DSD Transportation will contact me with the new, revised bus assignment if approval is granted or denied.
- This request should be fully completed, mailed, emailed ([transportation@donegalsd.org](mailto:transportation@donegalsd.org)) or faxed (717-492-1350) directly to the District Office to ensure timely processing.

Return request form to:      Transportation Coordinator  
 Donegal School District Office  
 1051 Koser Road  
 Mount Joy, PA 17552

**Request needs to be submitted prior to July 24  
 to be in place for the first day of school.**

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

\_\_\_\_\_  
 Date

DSD Transportation:	Parent/Building advised:
_____ Date Received      _____ Date Entered/Assigned      _____ Date Not Approved	_____ Date Notified
_____ Reason Not Approved <input type="checkbox"/> custody agreement on file	_____ Date Effective