



Superintendent
JEFFREY P. SIMONS

East Greenbush Central School District

TRANSPORTATION DEPARTMENT

D. JACK HEDDEN-RAYMOND H. WERKING SR TRANSPORTATION CENTER
112 Hays Road · East Greenbush, NY 12061
Phone (518) 477-9288 · Fax (518) 477-7647
www.egcsd.org/transportation

Transportation Administrator
Dr. Wanda McQueen

Head Mechanic

Assistant Transportation Supervisor
Mark Halsey

Senior School Bus Driver
Carianne Rudolph
Jeffrey Smith

March 12, 2025

Dear Parent/Guardian:

The Alternate Location Form on file for your child(ren) for 2025-2026 will expire on June 27, 2025 (alternate busing will NOT roll over to the next school year even if there is no change in transportation needs). If you intend for alternate transportation to continue for 2025-2026, a new Alternate Location Request is **required**. The request form is enclosed for your convenience and the **ORIGINAL** completed form needs to be submitted to the East Greenbush CSD Transportation Department by **April 15, 2025**.

We make every effort to see that requests are fully processed in time for the first day of school. It is possible that request for an alternate location received after August 12th, may not be in place until September 19th or later.

For parents who have two separate addresses, one parent's address is the **primary address** and the other parent's address is the **alternate address**.

Elementary students may be transported to **licensed** daycare providers throughout the district; any other alternate location **must be within the elementary school's attendance zone**. Columbia High School and Goff Middle School students may be transported anywhere within the district.

Sincerely,

Dr. Wanda McQueen
Transportation Administrator

WM / JLR
Enclosure

A School and Community Working Together



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Office Use Only		
Received Date	Approved	
Alternate Route	am	pm

REQUEST FOR TRANSPORTATION TO DAYCARE/ALTERNATE LOCATION STUDENT AND PARENT INFORMATION *(this form MUST be updated annually)*

- If your child(ren) require transportation to a **DIFFERENT ADDRESS** (other than your primary home address), please complete this *form and return to the Transportation Department no later than **April 15th**.
 - Transportation will be provided to a **NYS Licensed Childcare** provider located within the East Greenbush Central School District boundaries.
 - **For grades K-5**, students can be transported to a NYS Licensed Daycare provider outside their elementary school attendance zone. If the daycare/alternate address is a **non-licensed home daycare or a relative's home**, transportation will only be provided to locations within the attendance zone of the elementary school your child attends.
 - **This applies to joint custody. One parent is primary address, the other is an alternate address. We cannot transport outside of the home elementary school boundary. We will only transport to one primary address.**
- For a detailed map of the district's attendance zones please go to www.egcsd.org/district-map

Please **CIRCLE** appropriate school year: *Summer 2025* **School Year 2025 / 2026**

NAME OF STUDENT/S	School	Grade	Date of Birth
1)			
2)			

Full Name of Parent/Guardian	Relationship to Student	Home Phone	Work/Day Phone	Cell Phone

STUDENT'S PRIMARY ADDRESS (Must be physical address – not Post Office Box)		
Street: _____	City: _____	Zip: _____
Resides With: <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other _____		Receives Mail: <input type="checkbox"/> Yes <input type="checkbox"/> No

Daycare/Alternate Location Information *(*Is this also the Emergency Location: Yes No)*

*If no, please specify **Emergency Location** _____

Name of Daycare Provider/Alternate Location	Address	Phone	Additional Phone

Licensed Daycare	Friend or Relative	Needed for Entire Year	Effective Dates	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Start Date	End Date

Days of the week transportation will be needed (please mark which days student(s) will be going to alternate location) <i>*If the schedule alternates, please provide a calendar</i>				
Monday	Tuesday	Wednesday	Thursday	Friday
AM	AM	AM	AM	AM
PM	PM	PM	PM	PM

Additional Comments/Information:

I certify that the information provided above is accurate and complete

 Parent/Guardian Signature

 Date