

**BOSTON PUBLIC SCHOOLS – TRANSPORTATION DEPARTMENT  
ALTERNATIVE TRANSPORTATION APPLICATION/LIABILITY RELEASE – 2015-2016**

**PLEASE NOTE:** Alternative transportation is **not guaranteed** and is subject to seat availability and routing restrictions.

SCHOOL NAME \_\_\_\_\_ SCHOOL CODE # \_\_\_\_\_  
 STUDENT NAME \_\_\_\_\_ STUDENT ID.# \_\_\_\_\_  
 HOME ADDRESS \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_  
 HOME PHONE ( ) \_\_\_\_\_ CELL PHONE ( ) \_\_\_\_\_ EMERGENCY ( ) \_\_\_\_\_  
 CURRENT BUS # (AM) \_\_\_\_\_ (PM) \_\_\_\_\_ CURRENT BUS STOP \_\_\_\_\_  
 PARENT NAME \_\_\_\_\_

Please check the alternative service(s) requested:

- PICKED UP AT THE ALTERNATIVE LOCATION ON THE WAY TO SCHOOL  
 DROPPED OFF AT THE ALTERNATIVE LOCATION ON THE WAY FROM SCHOOL

NAME OF CARE FACILITY OR PROVIDER \_\_\_\_\_  
 ADDRESS CARE FACILITY OR PROVIDER \_\_\_\_\_  
(Must be different from Home Address) (Street #) (Street Name) (Neighborhood) (Zip)  
 CONTACT PHONE (\_\_\_\_) \_\_\_\_\_  
 NAME OF PERSON (IF ANY) MEETING STUDENT AT STOP \_\_\_\_\_  
 PROPOSED CORNER STOP LOCATION \_\_\_\_\_  
(Transportation Department may assign a different stop in order to accommodate the request.)

**PLEASE NOTE:** IF AN ALTERNATIVE PICK UP OR DROP OFF IS APPROVED, THIS IS THE ONLY STOP TO WHICH THE STUDENT WILL BE ASSIGNED. IF SPECIAL ARRANGEMENTS ARE NEEDED ON DAYS SUCH AS EARLY DISMISSALS AND DAYS WHEN THE DAY CARE PROVIDER IS UNABLE TO ACCEPT THE STUDENT, **THE PARENT IS RESPONSIBLE FOR MAKING TRANSPORTATION ARRANGEMENTS.**

**MULTI-YEAR REQUEST OPTION**

Check this box if and only if you wish for the BPS Transportation Department to automatically re-submit for review this alternative application for subsequent school years until such time as you notify BPS to cancel or change the request. By checking this box you acknowledge that each year your request will be re-evaluated and is not guaranteed to be approved.

YES – I WISH FOR THIS ALTERNATIVE ASSIGNMENT APPLICATION TO BE RE-SUBMITTED FOR ANNUAL REVIEW UNTIL I NOTIFY BPS OTHERWISE. I UNDERSTAND THAT THE ALTERNATIVE ASSIGNMENT IS NOT GUARANTEED.

**LIABILITY RELEASE (Must Read and Sign)**

In requesting and authorizing this alternative transportation, the parents/guardians accept all responsibility for the safety of the student before getting on the school bus and after getting off the school bus. Neither the Boston School Committee nor anyone working for the Boston School Committee will make sure that the student is met by a responsible adult or that the student knows where the day care facility is or how to get there from the bus stop. The parents/guardians agree not to sue the City of Boston or the School Committee or its employees or agents for any injuries of any kind, or death of any student that might happen because of the alternative transportation pick-up or drop-off. The parent also agrees that the student will not sue the City of Boston or the School Committee or its employees or agents for any harm or injury of any kind, which might happen because of the Alternative Pick-Up or Drop-Off. The parents/guardians also promise to re-pay to the City of Boston and the Boston School Committee any money that the City of Boston or the School Committee must pay because of any injury or death of the student that resulted from the Alternative Pick-Up/Drop-Off. The parents/guardians are not giving up their rights to sue anyone other than the City of Boston, the School Committee, their officers, agents, and employees, or the bus companies for any claims they might have.

\_\_\_\_\_  
**Signature of Parent/Guardian** \_\_\_\_\_  
**Date**

**TRANSPORTATION DEPARTMENT USE ONLY**

DATE RECEIVED: \_\_\_\_\_ DATE PROCESSED: \_\_\_\_\_ Effective Date: \_\_\_\_\_  
 APPROVED [  ] NOT APPROVED [  ] Reason \_\_\_\_\_ T.O \_\_\_\_\_