



**OSWEGO**  
CITY SCHOOL DISTRICT

# Transportation Center

Mark H. Fitzgibbons Drive, Oswego, New York 13126  
www.oswego.org

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Superintendent of Schools  
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Thomas Gunn  
Transportation Supervisor  
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## Alternate Transportation Request

----- Student Information -----

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

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ School Attending: \_\_\_\_\_

----- Child Care Provider Information -----

Name of provider: \_\_\_\_\_ Licensed with DSS?  Yes  No

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

Description/Geographical location of facility: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

School zone of provider: \_\_\_\_\_

Alternate transportation is required: (Start date) \_\_\_\_\_ (End date) \_\_\_\_\_

Transportation needed: AM:  Yes  No  Parent Transport  
PM:  Yes  No  Parent Transport

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return to our office – Fax: (315) 341-2918 – Email: [tbigbey@oswego.org](mailto:tbigbey@oswego.org)**

----- Office use only -----

Request Approved  Request Denied Effective Date: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_