



**OSWEGO**  
CITY SCHOOL DISTRICT

*We educate, inspire, and empower all students*

## Transportation Center

Mark H. Fitzgibbons Drive, Oswego, New York 13126  
[www.oswego.org](http://www.oswego.org)

**Dr. Mathis A. Calvin III**  
Superintendent of Schools  
(315) 341-2001  
FAX: (315) 341-2910  
[mcaldin@oswego.org](mailto:mcaldin@oswego.org)

**Thomas Gunn**  
Transportation Supervisor  
(315) 341-2900  
FAX: (315) 341-2918  
[tgunn@oswego.org](mailto:tgunn@oswego.org)

### 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:	<input type="checkbox"/> Yes	PM:	<input type="checkbox"/> Yes
	<input type="checkbox"/> No		<input type="checkbox"/> No
	<input type="checkbox"/> Parent Transport		<input type="checkbox"/> 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: \_\_\_\_\_

AM Route: \_\_\_\_\_ Bus Stop: \_\_\_\_\_

PM Route: \_\_\_\_\_ Bus Stop: \_\_\_\_\_

Received by: \_\_\_\_\_