

BOSTON PUBLIC SCHOOLS - Department of Transportation
Alternative Transportation Application/ Liability Release Form
SY 2019-2020

PLEASE NOTE: Please see the policies below before submitting an Alternative Transportation Application.

***No Guarantee** ALTERNATIVE TRANSPORTATION IS **NOT GUARANTEED** AND IS SUBJECT TO SEAT AVAILABILITY AND ROUTING RESTRICTIONS.

***CHANGE OF INFORMATION** IF THERE IS A CHANGE TO THE STUDENT'S SCHOOL, HOME OR PROVIDER/FACILITY ADDRESS, ALTERNATIVE TRANSPORTATION WILL AUTOMATICALLY BE CANCELED. A NEW ALTERNATIVE TRANSPORTATION FORM WILL NEED TO BE SUBMITTED WITH THE CHANGES FOR REVIEW.

***No Split Schedules** ALTERNATIVE TRANSPORTATION MAY BE REQUESTED FOR MORNING PICK UP, AFTERNOON DROP OFF OR BOTH. ALTERNATIVE TRANSPORTATION MUST BE FOR MONDAY- FRIDAY WHEN SCHOOL IS IN SESSION.

***EARLY RELEASE DAYS** IF AN ALTERNATIVE PICK UP AND/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 FACILITY AND/OR PROVIDER IS UNABLE TO ACCEPT THE STUDENT, PARENTS/ GUARDIANS ARE RESPONSIBLE FOR MAKING ALTERNATIVE TRANSPORTATION ARRANGEMENTS.

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 provider/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 repay 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

STUDENT INFORMATION (Must be filled out completely.)

STUDENT NAME _____ STUDENT ID# _____
 ASSIGNED SCHOOL _____ DATE OF BIRTH ____/____/____
 PARENT NAME _____ PHONE NUMBER _____
 EMERGENCY PHONE NUMBER _____ EMAIL: _____

PROVIDER/ FACILITY (Please check the alternative service(s) requested)

- A.M. PICK UP AT THE ALTERNATIVE LOCATION ON THE WAY TO SCHOOL
 P.M. DROP OFF AT THE ALTERNATIVE LOCATION ON THE WAY FROM SCHOOL

NAME OF FACILITY/PROVIDER _____ CONTACT PHONE (____) _____
 ADDRESS FACILITY/PROVIDER _____
(Must be different from Home Address) (Street #) (Street Name) (City/ Town) (Zip)
 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.)

Transportation Office Use ONLY Date Received _____ Date Processed _____
 Effective Date _____ Approved Denied Reason _____ T.O. Initials _____

*****PLEASE BE ADVISED THAT THIS FORM IS ONLY VALID FOR SY 2019-2020*****

If you would like an alternative transportation for the next school year and or the next ESY Program, you must fill out a new form. Alternative transportation approvals **do not** transfer over to the next school year or the ESY Program.