



Mattituck-Cutchoque UFSD  
Transportation Form- Alternate Locations  
Divorced/Separated Parents Living in School District

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

In circumstances where the parents of a student entitled to transportation are divorced or separated and both parents are residents of the School District, alternate arrangements for drop off and pick up locations may be requested provided that the request is made on or before **October 1, 2020**. If the need requires additional busses, the School District reserves the right to deny such request. The request may be granted/denied by the Superintendent of Schools. **In the event the request for alternate locations is granted, no change may be made for the school year for which the request is made except where a Court orders a change in custody which results in the use of one designate location for pickup and drop off Monday thru Friday or a parents move out of the School District.**

**Morning Pickup**

Parent Name \_\_\_\_\_ Days of the Week (*please circle*) M T W TH F

Address \_\_\_\_\_ Phone \_\_\_\_\_

Parent Name \_\_\_\_\_ Days of the Week (*please circle*) M T W TH F

Address \_\_\_\_\_ Phone \_\_\_\_\_

**Afternoon Pickup**

Parent Name \_\_\_\_\_ Days of the Week (*please circle*) M T W TH F

Address \_\_\_\_\_ Phone \_\_\_\_\_

Parent Name \_\_\_\_\_ Days of the Week (*please circle*) M T W TH F

Address \_\_\_\_\_ Phone \_\_\_\_\_

Parent Signature \_\_\_\_\_ Phone \_\_\_\_\_

Parent Signature \_\_\_\_\_ Phone \_\_\_\_\_

Reason alternate pickup locations are needed: \_\_\_\_\_

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To be completed by Transportation Office

Accept \_\_\_\_\_ Refuse \_\_\_\_\_ AM Bus Number \_\_\_\_\_ PM Bus Number \_\_\_\_\_

AM Bus Stop Location \_\_\_\_\_ Approx Time \_\_\_\_\_ Days of Week M T W TH F

PM Bus Stop Location \_\_\_\_\_ Approx Time \_\_\_\_\_ Days of Week M T W TH F

AM Bus Stop Location \_\_\_\_\_ Approx Time \_\_\_\_\_ Days of Week M T W TH F

PM Bus Stop Location \_\_\_\_\_ Approx Time \_\_\_\_\_ Days of Week M T W TH F

Transportation Supervisor Signature: \_\_\_\_\_ Date \_\_\_\_\_

Submit this form directly to: Mattituck-Cutchoque UFSD Transportation Office 385 Depot Lane Cutchoque, NY 11935  
Transportation Form – Divorced Separated Parents Living in School District