



## **Alternate Transportation Request Form**

This form must be completed and submitted to the school office by all parents needing transportation service to locations other than the student's residence.

**Student Name:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Alternate Provider's Phone:** \_\_\_\_\_

**Alternate Provider's Name:** \_\_\_\_\_

**Alternate Provider's Address:** \_\_\_\_\_

**Request for:** AM pick up \_\_\_\_\_ PM drop off \_\_\_\_\_ Both AM & PM \_\_\_\_\_

- All requests will be approved on a space available/five days per week basis. Requests for one or several days per week or alternating weeks will not be approved.
- All requests must be for every AM pick up and/or every PM drop off.
- The alternate address must be within the current school attendance area and deemed eligible for transportation.
- When possible intersection and/or an existing neighborhood stops will be utilized as the assigned school bus stop.
- This busing request will remain in effect until the student leaves the current school, alternate location is cancelled or a new busing request form is completed.

**Parent(s)/Guardian Name** \_\_\_\_\_

**Parent(s)/Guardian Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Parent(s)/Guardian Signature:** \_\_\_\_\_

**Date** \_\_\_\_\_ **Effective Date** \_\_\_\_\_

(Unless a current bus stop already exists in the requested area, it will require a minimum of 5 days to enact the route change.)

Any questions regarding this form, please contact your child's school or the Transportation Department at 610-861-0360.