



Alternate Transportation Request Form

This form must be completed and submitted to the school office by all parents/guardians 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 (5) days per week basis.
- Requests for one (1) 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 for one year, until alternate location is cancelled or a new busing request form is completed.
- Existing requests must be renewed annually prior to the start of each school year.

Parent(s)/Guardian(s) Name: _____

Parent(s)/Guardian(s) Home Phone: _____ Cell Phone: _____

Parent(s)/Guardian(s) Signature: _____

Date: _____ Effective Date: _____

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