



Alternate Bus Stop Request

Dear Parents/ Guardian,

The District Name Office of Student Transportation is committed to safe transportation. In order to ensure that your child is transported to an alternate address we request that you complete the form below. The form will be processed by the transportation office and a transportation representative will contact you with a new bus schedule.

We thank you for your cooperation and look forward to a safe school year!

Student Information:

Student Last Name: _____ First Name: _____

Current Home Address (*house number, street*) _____

Grade: _____ School of Attendance: _____

Current Phone Number: () - _____

Emergency Phone Number: () - _____

Alternate Address Request

Address (*house number, street*) _____

Phone Number (*for alternate address*): () - _____

Alternate Address Contact Name: _____

Alternate Address Contact Relationship (*child care provider, relative, etc...*) _____

Note- *Bus stops will be located on public serviced roadways. Buses will NOT load/unload students at businesses, parking lots, or areas deemed unsafe by the office of student transportation. Alternate bus stops will only be accommodated if the request is for AM and PM, Monday through Friday, and a permanent bus stop exists in the area being requested. No new stops will be established for alternate transportation requests.*

*****Reverse*****

Reason for request:

I acknowledge that I authorize the Office of Student Transportation to transport my child/ guardian to an alternate address other than my child's established bus stop. I acknowledge that it is my responsibility to contact the Office of Student Transportation if my child needs alternate transportation services different from requested above at a later time. I acknowledge that the above request may take 3-5 business days to process, notify school administrators, bus driver, and make necessary route changes to accommodate above request. I acknowledge that the request will not begin until notified by the Office of Student Transportation Representative.

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____

Date Submitted: _____

Transportation Information-To be filled out by Office of Student Transportation

Request Received By: _____ Date: _____

Current Bus Route: _____ Current Bus #: _____

Current Bus Stop: _____

Requested AM Bus Information

Bus Route: _____ AM Bus #: _____

Bus Stop: _____

Driver: _____

Date New Service is Scheduled to Begin: _____

Transportation Department Signature: _____

Parent Notified By: _____ Date: _____