

# Centerville City Schools Alternate Transportation Form

Office Use Only BUS # _____
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All students are routed to and from their home address. If your student will **not** be riding the bus to or from your home address, then you must complete this form. If your student is being transported to or from a sitter's home, the sitter must be in the same attendance area as your student. If you have an update or change, please complete a new form. **PRINT LEGIBLY** \* Transportation changes are a privilege and frequent changes are disruptive to our regular scheduled routes – please make sure this will be a long term change before completing.

**\*\*\*\*RETURN THIS FORM TO YOUR STUDENT'S SCHOOL OF ATTENDANCE\*\*\*\***

School: _____	Teacher: _____	Grade: _____
Student Name: _____		
Parent/Guardian's Name: _____		
Home Address: _____	Daytime Phone #: _____	
Email Address: _____		

*The Transportation Department has up to 3 days to complete change requests, please keep this in mind when completing this form.*

**Place an X in the boxes below to indicate your student's schedule.**

### To School

Day	To School Walker	Parent/Guardian Drop off	Daycare If Daycare Transports	School Bus From Sitter
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

### From School

Day	From School Walker	Parent/Guardian Pick up	Daycare/Voyager If Daycare Transports	School Bus To Sitter
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

**DATE EFFECTIVE:** \_\_\_\_\_

**Name of Daycare:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Daycare Address: \_\_\_\_\_

**Name of Sitter:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Sitter Address: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date School Rec'd _____	<i>Office Use Only</i>	Date Faxed to Transportation _____
		Date Transportation Rec'd _____