



ALTERNATIVE TRANSPORTATION REQUEST

School Year 2019 – 2020 (Must be completed annually.)

Please submit this request to the main office at your child’s school, or by email to Nancy Baran at barann@region-12.org. Approval will be issued in writing by central office. Please allow 3 school days from receipt by central office for a response. This request will not be effective until approval is received from central office.

Please Note: All requested pick-up/drop-off locations must be an existing stop on a bus route for the current school year.

Student Name(s): _____

School: _____ Grade: _____

Parent or guardian making request: _____

Best contact number: _____

Email: _____

Requested Pick-Up/Drop-Off:

Please circle whether pick up or drop off (or both): Pick up Drop off

Address: _____

Name of Adult present to supervise student: _____

Contact Number of Supervising Adult: _____

Days: ____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday

Requested Effective Date: _____

By signing below, I accept full responsibility for my child when he/she is at the alternate location, and hereby authorize Regional School District 12 to pick-up and/or drop-off the student(s) listed above at the requested location.

If there is any change in this schedule, please notify central office directly by calling (860)868-6100 or by email to Nancy Baran at barann@region-12.org.

Signature of Parent or Guardian

Date

SCHOOL USE ONLY

BUS STOP _____ RTE# _____

