



ALTERNATE BUS STOP REQUEST FORM

This form should be used for long-term changes.
One day exceptions require only a bus pass from the school if there is available capacity.

Please fill out this form in its entirety and submit to the **school's front office**. School staff will inform of approval or non-approval. The process of assigning an alternate stop could take up to 15 school days at the start of the school year for approval & implementation.

FORM MUST BE RENEWED ANNUALLY

DATE: _____

BABY-SITTING

SPLIT CUSTODY

Start Date UPON APPROVAL: _____

OTHER/REASON

STUDENT NAME: _____ GRADE: _____
SCHOOL & REGULAR BUS #: _____

CONTACT INFO OF PARENT/GUARDIAN

PARENT/GUARDIAN FULL NAME: _____
CURRENT ADDRESS: _____
HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

CONTACT INFO AT ALTERNATE STOP

NAME: _____
ALTERNATE ADDRESS: _____
HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

- AM ONLY
- PM ONLY
- AM & PM

TRANSPORTATION USE ONLY

APPROVED:	_____
APPROVED BUS NUMBER:	_____
APPROVED BUS STOP:	_____
REASON FOR NON APPROVAL	_____
DATE COMPLETED:	_____

PERMISSION MAY BE RESCINDED!

If students move into the area served by the alternate bus and the ridership increases, the request may be rescinded. While rare, it is more likely to occur in areas of high-ridership. Therefore, Parents/Guardians are encouraged to find child care or an activity that is close to their student's home address.

The process of assigning an alternate stop could take up to 15 school days at the start of the school year for approval and implementation.

Parent/Guardian signature: _____

Date: _____