

**Rochester Community Schools
Transportation Center
Request for Alternate Address Busing Form 076-4**

Please fill out this form completely. Failure to do so will delay processing. Complete one form for each school. **Please Print.**

DATE: _____ SCHOOL: _____

Present Run #: _____ Stop: _____

I hereby request permission and accept responsibility for my/our children listed below to be granted the following transportation change for pick-up and/or delivery.

Name of Student(s): _____

Name of Parent/Guardian: _____

Home Address: _____ Zip: _____

Phone number where you can be reached during the day: _____

REQUEST TRANSFER TO:

Run #: _____ Effective Date: _____ Parent's Signature _____

Stop Location _____

Caregiver's Name: _____ Phone: _____

Caregiver's Address: _____

Pick-up & Delivery: _____ Pick-Up Only: _____ Delivery Only: _____

The Transportation Center will use the following rules as listed on page seven (7) in the Student/Parent Transportation Handbook to base it's decision to provide transportation from an alternate address:

The alternate address must be within the same school's attendance boundary.

The alternate stop must be for all five (5) days a week.

The desired alternate bus run cannot be within 5% of load capacity.

Approved requests will cause your child's assignment to change to the alternate address, if your child should need to change back to the home stop, a new form 076-4 must be completed and returned to the Transportation Center prior to riding the bus.

***** For Office Use Only *****

Route: _____ Driver: _____ Run: _____ Stop ID #: _____

Transfer Approved: _____ Date: _____ Effective: _____ Authorized by: _____

Rationale/Comments: _____

Routing: Coordinator, Dispatcher, Bus Driver, School

Attachment 1: Regulation 8600