

Transportation

Services

380 S. Livernois
Rochester Hill, MI 48307
Phone#: 248.726-5925
Fax#: 248.726-5935

Emergency Service

Request Form 076-2

STUDENT MUST BE ELIGIBLE FOR TRANSPORTATION FROM THEIR HOME ADDRESS FOR APPROVAL. This form is to be used in emergency situations **only**. Temporary transportation will be approved in the case of emergency. It must be completed by parent or guardian at the school building and signed by the building administrator prior to changing student bus assignment.

Notes from parent or guardian are not acceptable

TODAY'S DATE: _____

EFFECTIVE DATE: _____ ENDING DATE: _____

SCHOOL: _____ REGULAR RUN # : _____

NAME OF STUDENT(S) _____ GRADE: _____

_____ GRADE: _____

_____ GRADE: _____

REASON FOR EMERGENCY CHANGE: _____

I hereby request permission and accept responsibility for my/our children listed above to be granted the following temporary emergency transportation:

Per phone call: _____

Student riding home with: _____ ADDRESS: _____

Parent's Name of Temporary Stop: _____

TEMPORARY RUN#: _____ TEMPORARY LOCATION: _____

SIGNATURE OF PARENT/GUARDIAN: _____ PHONE: _____

ADMINISTRATOR'S SIGNATURE: _____ DATE: _____