



Request for Alternate Transportation Stop

Falsification of current address information will result in revocation of assignment.

I, the parent/guardian, certify that the following information is true and correct:

Student Information (Please Print)

_____ (Last Name) _____ (First Name) _____ (Middle Name)

_____ (Street Address) _____ (Apartment Number) _____ (Zip code)

_____ (Current school Attending) _____ (Grade)

Only sitters that are within policy will be granted

Do you want Bus Transportation? (If eligible) Yes No Sunrise

- Pick-up Address (if other than home address):

Name _____ Phone _____

Address _____ ZIP _____

- Drop-off Address (if other than home address):

Name _____ Phone _____

Address _____ ZIP _____

The student lives with: Mother Father Both Parents Mother/Husband Father/Wife Other Person
 If Other, Who _____ Relation _____

Parent/Guardian Information

_____ (Parent/Guardian: Last Name) _____ (First Name) _____ (Home Phone) _____ (Cell Phone)

_____ (Emergency Contact: Last Name) _____ (First Name) _____ (Emergency Phone) _____ (Relationship to student)

If any of the above information changes, I understand that it is my responsibility to inform Staff at the school my child attends.

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|--|--------------|
| _____ (Parent/Guardian Signature) (Proof of guardianship may be required.) | _____ (Date) |
|--|--------------|

| | | |
|--------------------------------|-------------------|---------------------|
| -OFFICE USE ONLY- | Student ID# _____ | D.O.B. _____ |
| Information Verified by: _____ | _____ | _____ |
| District 205 Employee | Building/School | Date/Eschool |
| | | Date/Transportation |