

AURORA CITY SCHOOL DISTRICT ALTERNATE BUS STOP FORM

PLEASE PRINT

STUDENT LEGAL NAME: _____ GRADE: _____ SCHOOL: _____

HOME ADDRESS: _____

PARENT/GUARDIAN NAME: _____ HOME PHONE: _____

WORK PHONE: _____ CELL PHONE: _____

PLEASE CHOOSE ONLY ONE OF THE FOLLOWING:

- * Pick-up will be at the following daycare or address with **Drop-off at HOME**

DAYCARE/SITTER NAME: _____ Phone: _____

DAYCARE/SITTER ADDRESS: _____

- * Pick-up will be at **HOME** with the **drop-off** at the following **DAYCARE or ADDRESS**

DAYCARE/SITTER NAME: _____ Phone: _____

DAYCARE/SITTER ADDRESS: _____

- * Pick-up **AND** drop-off at the following **DAYCARE or ADDRESS**

DAYCARE/SITTER NAME: _____ Phone: _____

DAYCARE/SITTER ADDRESS: _____

Thank you for your cooperation

A bus pass shall be issued for regular child care and emergency reasons only. A bus pass shall not be issued for group meetings, parties, tutoring, lessons, clubs, play dates, or anything not of an emergency nature. Bus passes may be restricted from some buses due to overcrowding.

If approved, I understand that the child listed above will be picked up and dropped off at the requested above Alternate Stop Address until I request, in writing, for this service to end. I understand the Aurora Board of Education reserves the right to deny this request if the location of the stop is inconsistent with Board policy.

Signature (Parent/Legal Guardian)

Today's Date

Date to START