BUTLER AREA SCHOOL DISTRICT
CUSTODY - REQUEST FOR ADDITIONAL BUS ASSIGNMENT

Parents may request an additional bus assignment for 50/50 custody agreements.   A **copy of the custody agreement** and this form must be submitted to the: **Butler Area School District**, **Transportation Department**, **110 Campus Lane, Butler, PA 16001**.   **All documentation must be received prior to July 15th in order to be in effect for the first day of school.**

As long as there is sufficient room on the bus, students will be assigned to the closest bus stop available.   **No additional bus stops** will be created due to the requested location.

_____

Date: ____ /_____/_____

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

Student Name: (Last) _____ (First) _____ (MI) ____   Grade: _____

Primary Address: _____   School: _____

_____   Home Phone:_____

We understand:

- ✓ Being assigned to a school bus for the purpose of custody is a **privilege** and **may be revoked at any time** for just cause.
- ✓ Additional bus assignments may be subject to change once all bus rosters have been updated and adjusted.
- ✓ A bus stop assignment (listed below) will be assigned for the **current school year only**.   **We understand an updated form and custody agreement must be submitted annually.**
- ✓ Boarding a school bus **not assigned to** may result in disciplinary action and loss of all riding privileges.
- ✓ If any type of disciplinary incident occurs while riding or waiting for the assigned school bus, the **privilege may be lost and may not be reinstated**.
- ✓ The **student is responsible for riding the correct bus** on a daily basis.   We hereby release and hold harmless the Butler Area School District, its Directors, Superintendent, employees, and school bus drivers with respect to any liability whatsoever concerning the student not riding the proper vehicle on the designated days.

_____   _____   _____
5th – 12th Grade Student Signature (Must Sign)   **Parent Signature (Must Sign)**   **Parent Signature (Must Sign)**

Requesting additional assignment to/from:

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

Address: _____   City/Zip_____

Arrangement (circle one):   Every Other Week   Specific Days(circle):   M   T   W   TH   F   -   AM   PM

Various Dates: _____   Other:_____

Transportation Office Use Only:

Request Rec'd: ____/____/____Effective Date:____/____/____   Bus #: _____AM   _____PM   Pickup Time: ___:____

Bus Stop Location: _____

Response/Copy to: ☐   ____/____/____ Parent

                         ☐   ____/____/____ School