



MANHEIM CENTRAL SCHOOL DISTRICT

Alternate Transportation Request Form

School Year

Please use this form to request a change in our school bus stop schedule.

Fill in all applicable areas of this form and return to:

Manheim Central School District, District Administrative Offices; 281 White Oak Road; Manheim, PA 17545

Date of Request: _____

Start Date: _____

Student(s) Name: _____

School: _____ Grade: _____

Home Address: _____

Phone #: _____

Parent/Guardian Name: _____

Work Phone #: _____

Signature of Parent/Guardian: _____

Current Bus Stop: _____

Reason for Request (Continue on reverse if necessary): _____

If Request is for Daycare or Babysitter, please provide the following additional information:

Name: _____ Address: _____ Phone: _____

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**INTENDED STOP:**

**TO SCHOOL:** \_\_\_\_\_

**FROM:** Home \_\_\_\_\_ Day Care Provider \_\_\_\_\_ Other \_\_\_\_\_

**WHEN:** Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

**FROM SCHOOL:** \_\_\_\_\_

**TO:** Home \_\_\_\_\_ Day Care Provider \_\_\_\_\_ Other \_\_\_\_\_

**WHEN:** Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

**\*\*Requests submitted prior to July 1 will be considered for the upcoming school year.**

**\*\*Requests submitted after July 1 will be considered after the first 2 weeks of school.**

**Office Use Only:**

\_\_\_\_ Approved \_\_\_\_\_ Not Approved

\_\_\_\_\_  
Transportation Director/Coordinator

\_\_\_\_\_  
Date

CC: Building Principal  
Bus Contractor