



ALTERNATE LOCATION TRANSPORTATION FORM

I request that my student (name): _____,

who attends (School name) : _____

Be transported to:

Name: _____

Full Address: _____

New destination phone number: _____

This change to begin on (Date): _____

I understand that this change is going to be applied to every school day and that this change will not start until approved by the Transportation Department. *You will be contacted with this approval.*

Parent / Guardian Signature: _____

Parent / Guardian name (please print): _____

If there are questions regarding this change I may be reached at:

Work Phone / Home Phone: _____ / _____

This form should be returned via US mail or Faxed to: 248-203-3944

**BPS Transportation Department
2205 Holland Street
Birmingham, MI 48009**

For Office Use:

Transportation Approval: _____

Date: _____

Copy to: Building Administration: _____ Driver 1: _____ Driver 2: _____ File: _____