

**Winton Woods Transportation Department**  
**Alternative Stop/Daycare Request Form**

This form is in effect for the 20\_\_\_\_ & 20\_\_\_\_ school year only.

Requests from district families to provide special transportation to or from any address other than home will be honored only under the following conditions:

1. The alternate stop requested for transportation must be on an existing route **that originates from the school that the student attends**. Additional routes will not be added and existing routes will not be adjusted to accommodate a request. *Primary North & Primary South requests must also be from an address that exists in the boundary assigned to that school.*
2. Space must be available on the bus that we will need to use for your request. If a request is approved and the bus later becomes overcrowded, the request will be reevaluated and may be denied at that time.
3. The transportation requested must be for transportation that is going to be provided on a weekly basis.
4. **Please allow at least 5 school days to process your special transportation request.** You will be notified of approval or denial.

Date: \_\_\_\_\_ School child is attending: \_\_\_\_\_

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Completing this form DOES NOT guarantee that the request will be approved

Student name: \_\_\_\_\_ Grade: \_\_\_\_ Preschool: \_\_\_ A.M. \_\_\_ P.M.

Home address: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_ Parent/Guardian name: \_\_\_\_\_

Home phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

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Name of child care provider: \_\_\_\_\_ Phone number: \_\_\_\_\_

Dates requested - FROM: \_\_\_\_\_ TO: \_\_\_\_\_

A.M. address (pick-up) to school: \_\_\_\_\_

P.M. address (drop-off) from school: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_