



Alternate Site Request Form

Student Name: _____

School: _____ Grade: _____

Registered Address: _____

Parent/Guardian: _____

Phone Number: (____) _____

Siblings in JPS: _____ School: _____ Grade: _____

Siblings in JPS: _____ School: _____ Grade: _____

Siblings in JPS: _____ School: _____ Grade: _____

Effective Date: (when will it start) _____

Alternate Site: _____

Alternate Site Address: _____

Emergency contact number: (____) _____

When will you need this change? (Please circle all that apply)

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
AM	AM	AM	AM	AM
PM	PM	PM	PM	PM

These changes may take up to 72 hours after transportation receives a request.

Return completed form to school office or email directly to:

christine.lundberg@jpsk12.org

Office Use Only	
Approved By: _____	Date: _____