



NEW BRAUNFELS INDEPENDENT SCHOOL DISTRICT

**ONE TIME EMERGENCY TRANSPORTATION
ALTERNATE DROP OFF REQUEST**

This form is to be used by Parents for a **“One-Time”** emergency situation. It is to be approved by the Transportation Office and information will be provided campus and the Bus Driver. The Emergency Address must be an approved stop on and NBISD Bus Route. Students and families should continue to use the original assigned Bus route schedule to travel to/from School until notified by the Transportation Office.

PLEASE FILL OUT ONE FORM FOR EACH STUDENT

Student’s Name _____ Grade _____

Parent’s Name _____

Parents Mobile/Home# _____ Work Telephone # _____

Campus Student Attends _____

Reason for Alternate Request _____

Alternative Address _____

Name(s) of Adults who live at this address: _____

Telephone # for this address: _____

Parent/Guardian Signature

Alternate/Responsible Party Signature

APPROVED BY _____

Office of Transportation/Date

For Transportation Office use only

AM Bus # _____ **Pick up at** _____

PM Bus # _____ **Drop off at** _____

All information must be provided and approved before services will be rendered