



# 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:*

[christina.lundberg@jpsk12.org](mailto:christina.lundberg@jpsk12.org)

Office Use Only	
Approved By: _____	Date: _____