

BUS# _____

AM SHUTTLE: _____

PM SHUTTLE: _____

**REQUEST FOR TRANSPORTATION VARIANCE
2024-2025**

When transportation is provided by a school district, State of Michigan Law regarding the transportation of students requires that all students be transported to/from their home address unless a special "variance request" is made by a parent and is granted by the school administration. This request is for any extended length of time in excess of one day. This request is not to be used to facilitate a single day situation. Approval must be granted by the Transportation Supervisor and School Principal before the request is approved.

*A minimum of **FIVE (5) school days** is required for the variance to be processed and implemented. Parents are allowed to request transportation to **ONE additional FLUSHING RESIDENCE ADDRESS** in addition to their child's residence. **Variations DO NOT carry over from the previous year. They MUST be filled out every school year. *** STUDENTS WITH DIFFERENT LAST NAMES MUST FILL OUT SEPARATE FORMS.***

**** VARIANCE IS SUBJECT TO BE DENIED ****

Date of Request _____

NAME OF STUDENT: _____ PHONE _____

SCHOOL _____ GRADE _____

STUDENT'S HOME ADDRESS _____

Please describe the change you are requesting _____

Explain why the change is needed _____

Name and address of where your student needs to be transported _____

_____ PHONE # OF ADDRESS _____

AM _____ PM _____ or BOTH _____

Frequency of this new destination _____

Date when variance is to begin _____ UNTIL (DATE) _____ REST OF YEAR _____

Parent's Signature _____

Principal's Signature _____

Approved _____ Not Approved _____

Director of Transportation Signature _____

Approved _____ Not Approved _____