

REGION 12 SCHOOLS  
SCHOOL YEAR 2024-2025

**Resident** Alternate Transportation Request  
*\*Must be completed annually\**

Please submit this request to Nicole Grant email at [grantn@region-12.org](mailto:grantn@region-12.org). Approval will be issued in writing. Please allow 5 school days for a response. This request will not be effective until written approval is issued.

**Please Note:** All requested pick-up/drop-off locations **must be an existing stop on a bus route for the current school year**. Bus routes are listed here: <https://www.region-12.org/parents-students/bus-routes>

Student Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent or guardian making request: \_\_\_\_\_

Best contact number: \_\_\_\_\_

Email: \_\_\_\_\_

**Requested Pick-Up/Drop-Off:**

Please circle whether pick up or drop off (or both): Pick up                  Drop off

**Posted** Bus Stop: \_\_\_\_\_

Name of Adult present to supervise student: \_\_\_\_\_

Contact Number of Supervising Adult: \_\_\_\_\_

Days: \_\_\_ Monday                  \_\_\_ Tuesday                  \_\_\_ Wednesday                  \_\_\_ Thursday                  \_\_\_ Friday

Requested Effective Date: \_\_\_\_\_

By signing below, I accept full responsibility for my child when he/she is at the alternate location, and hereby authorize Region 12 Schools to pick-up and/or drop-off the student(s) listed above at the requested location.

If there is any change in this schedule, please notify central office directly by calling (860)868-6100 or by email to Nicole Grant at [grantn@region-12.org](mailto:grantn@region-12.org).

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

SCHOOL USE ONLY: Approval: \_\_\_\_\_ Date: \_\_\_\_\_

School/Parent/Bus Company Notified on \_\_\_\_\_ by \_\_\_\_\_ (initials)