

ALTERNATE BUSING REQUEST

YOU MUST RETURN THIS COMPLETED FORM TO YOUR CHILD'S SCHOOL OFFICE IN PERSON!!

Parent/Guardian:

Busing is arranged to and from your home address to your child's school. If it is necessary to change busing to another address, please complete the form below for **each child**. **ALL REQUESTS MUST BE FOR FIVE (5) DAYS PER WEEK.** Request for one day or several days per week will **not** be approved. If approved, this busing request will be in effect until your child leaves current school or until you complete a new busing request form.

Name of Student	Grade	Teacher	School
Home Address		Home Phone Number	
I request alternate busing for my child to school from:		Sitter ☐ Daycare ☐	
I request alternate busing for my child from school from:		Sitter ☐ Daycare ☐	
Name of Sitter/ Day Care	Phone # of Sitter/ Day Care		Effective Date
Address of Sitter/Day Care			
Signature of Parent/Guardian			Date

FOR SCHOOL USE ONLY

Alternate Busing for the child listed above is APPROVED ☐ DENIED ☐

AM BUS ROUTE: _____	TIME: _____	PM ROUTE: _____	TIME: _____
STOP NUMBER: _____		STOP NUMBER: _____	
STOP LOCATION: _____		STOP LOCATION: _____	

ALTERNATE SESSION CODE

- ☐ 1 – AM
- ☐ 2 – PM
- ☐ 3 – AM & PM

SPECIAL COMMENT CODE

- B** – Babysitter
- D** - Daycare
- J** – Joint Custody
- S** – Special Permission

☐ AM Bus Report Stop Changed. ☐ PM Bus Report Stop Changed. ☐ Transportation Notified if Necessary	☐ Pass issued for Bus/Driver ☐ Teacher Notified by Office ☐ Family Information Card Changed
Date Changes were made: _____ By: _____	