

Alternate Transportation Needs**Student Information**

Date: _____

School currently attending: _____

School attending where
this transportation schedule applies: _____

Student Name: _____ Current Grade: _____

Parent/Guardian Name: _____
(Please print)

Contact Info: (Home) _____ - _____ - _____ (Cell) _____ - _____ - _____

Home Address: _____

Transportation Information

Please fill in the address that your student will need transportation to. . This form is only if busing is not from home address daily. This request will be sent to the bus company for approval for transportation to the closest existing bus stop to the request.

AM**PM**

Mon: _____

Mon: _____

Tue: _____

Tue: _____

Wed: _____

Wed: _____

Thur: _____

Thur: _____

Fri: _____

Fri: _____

 $\frac{1}{2}$ Day Transportation if different then above: _____

Early Dismissal due to snow: _____

☐ Parent Transport all days. Check this box if you are planning to transport your student. We will reserve a place on the bus incase schedules change however we will note on the route sheet not to expect the student.

Additional Information: _____

Student Bus Stop Permissions

Please indicate below by selecting the appropriate box that you agree and understand the rules for bus stops for K-8 Students.

Kindergarten Students district policy is to **not allow** students off without an authorized adult present.

1st – 3rd Grade students **will not** be let off without an authorized adult or prior permission.

4th – 8th Grade students **will be** let off unless a parent has indicated that they need a parent or sibling present.

Any student that does not get off at their appointed stop for any reason is returned to the school for parent pick up. If someone is not there to meet them as indicated we cannot allow them off. If you are unable to make it to the stop you can call the school to authorize us to allow your student off with a neighbor, this is a one-time event unless you add them as a permanent responsible party and we add them to the route sheet.

Drivers will make a judgment call with students **that are** allowed to get off if they feel it is unsafe and will then return your student to the school. For example if parent always meets the bus and one day they do not or your student is nervous about a change in circumstance at the stop.

Student's Name: _____ School: _____

☐ I agree to allow my child off the bus **without myself or an authorized adult present (excludes Kindergarten students)**. I also understand that if the driver feels for some reason that it's unsafe they will return my student to school.

☐ I **Do Not** want my child let off the bus without myself or an authorized adult present. I also understand that if the driver feels for some reason that it's unsafe they will return my student to school.

Authorized Adults: _____
(Please print names) _____

Please return this form to your child's school as soon as possible.

This form only applies to the school year indicated above. A new form needs to be submitted every year.

Thank you