

REQUEST FOR ALTERNATE BUSING
School Year: 2025-2026

Purpose: Students who require busing from and/or to a daycare provider or other caregiver. **Please note that your request can only be accommodated if the alternate address is within your elementary school district and only if space is available.** We will not transport to more than one alternate caregiver.

Instructions: Please complete and return this form to your child's school.

Alternate bus forms must be submitted by Monday, August 25, 2025 to be honored starting on Tuesday, September 2, 2025.

Student's Name:		First	Middle	Last	
Grade:	School:				
Parent/Legal Guardian:		First	Middle	Last	
Address:		Number	Street	City	Zip Code
Date:	Telephone #: (home)	(work)	Signature:		

If the following is a location other than the child's normal residence, please complete:

A.M. Pick-up Location:

Caregiver/Daycare Name

Caregiver/Daycare Address

Caregiver/Daycare Telephone Number

Check days to be picked up at above location: Monday Tuesday Wednesday Thursday Friday

Bus Company to Complete	
Bus/Route #: _____	Pick-up Location: _____

P.M. Drop-off Location:

Caregiver/Daycare Name

Caregiver/Daycare Address

Caregiver/Daycare Telephone Number

Check days to be dropped off at above location: Monday Tuesday Wednesday Thursday Friday

Bus Company to Complete	
Bus/Route #: _____	Pick-up Location: _____

School/Office Use Only:

Date Form Received: _____

Approved: _____ Date: _____

Business Manager/Principal

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