



BELLEVUE SCHOOL DISTRICT – TRANSPORTATION DEPARTMENT

REQUEST TO USE ALTERNATE BUS ROUTE / STOP

Student Name: _____ Student ID #: _____

Request to use Bus Route # : _____

Bus Stop Location: _____

Permanent Change effective start date: _____

*Only one request will be granted per school calendar. Contact us through email for special circumstances.

Temporary Period: _____ to _____ (___ AM or ___ PM or ___ AM & PM)

In an emergency, permission may be granted by calling BSD Transportation's Dispatch Office at 425-456-4534 or 425-456-4591.

I understand that the bus route requested may be used on a space available basis only. I also understand that use of the stop requested may pose a safety risk. I will attempt to meet my child at the bus stop, but if I am not at the bus stop my child has permission to get off the bus and wait for me or walk home. By signature below, I hereby release Bellevue School District and its employees from all liability and responsibility for my child after departing the school bus at this stop. If like at any other bus stop the bus driver feels there is an elevated safety concern or if your child is afraid to get off the bus, they will be kept on the bus where they are safe and you will be notified to pick up your child from their school or BSD Transportation Office at the end of the bus route.

Parent/Guardian Signature: _____

Student's School: _____

School Approval Signature: _____

This authorization request will be filed in the Transportation Department.

BSD TRANSPORTATION DEPARTMENT

425-456-4512

Transportation@bsd405.org