



Request for Temporary Change of Bus Service

To: Principal, _____
(Insert school name)

Request permission for my child _____ to use alternate transportation as requested below.

Ride Route #: _____ (AM only PM only BOTH AM/PM) (Please mark one)

Get On/Off at Stop located at: _____
(Note: Must be designate, scheduled stop location or destination)

This authorization is for _____ length of time.
(I.e. specify day(s) of week, all year or a specific date(s))

I understand that I must supply the bus route, stop location and time frame my student will need alternate transportation. I further understand that the transportation department cannot create or alter routes to accommodate this request. Requests will only be considered for transportation on established routes to established stop and end destinations. I also understand this approval is conditional and may be revoked due to limited seating or for incidents of misbehavior on the bus.

(Printed Name of Parent or Guardian)

(Signature of Parent or Guardian)

(Daytime phone number)

(Administrator's Signature)