ALTERNATE BUS STOP REQUEST

This form is to be used if you are requesting a pick up or drop off other than your student's current assigned bus stop.

Save a copy of this form to your hard drive and email as an attachment to pamela.murray@lok12.org and rose.gagliardi-lacoursier@lok12.org or fax a copy to 248-391-5481

Student(s) Name	School	Grade	Date

Home Address	City	Zip Code	Home Phone

AM Alternate Address	Phone
PM Alternate Address	**Phone**
Reason for Request	

Parent Name	Email Address	Phone

The Transportation Department will review requests based on board policy and established guidelines. Please see the Transportation Handbook for more information.

Requests will be responded to either in writing or with a phone call within 30 days. However, at the beginning of the school year, requests will not even be considered until at least 3 weeks after the start of school.

FOR TRANSPORTATION USE ONLY		
☐ Accepted ☐ Denied		
Reason if Denied	**Initials**	**Date**
Other information		

Lake Orion Community Schools
Transportation Department
3620 Giddings Road
Orion, MI 48359