

CRESTWOOD LOCAL SCHOOL DISTRICT
ALTERNATE BUS STOP FORM
(not a change of address form)

NO REQUESTS FOR ALTERNATING DAYS OR WEEKS WILL BE APPROVED. This form must be completed and submitted to the Transportation office - it will take a minimum of **three (3) business days** to make changes to the pickup and/or drop off locations. Once approved and processed, the student will be transported **EVERYDAY to and/or from their Alternate Bus Stop location requested.** Please be aware that your student may be required to walk to a group stop point. Only **one (1)** Alternate Bus Stop Form is permitted on file per student. If your alternate bus stop location needs to change for any reason, you must fill out an **ENDING ALTERNATE BUS STOP** form and submit it to our office. A new Alternate Bus Stop form can then be filled out, approved and processed. Only **three (3)** Alternate Bus Stop forms or changes are permitted per student per school year.

All forms are available at the schools, the Transportation office or crestwoodschools.org website

Return to: Crestwood Transportation transport@crestwoodschools.org
10921 Main Street
Mantua, OH 44255

>>>ONE FORM PER STUDENT<<< >>>VALID ONLY FOR CURRENT SCHOOL YEAR<<<

STUDENT LEGAL NAME: _____ GRADE: _____

HOME ADDRESS: _____

PARENT/GUARDIAN NAME: _____ EMAIL: _____

CELL PHONE: _____ OTHER PHONE: _____

*Alternate Bus Stop Form is used **ONLY** to request your student to be picked up and/or dropped off somewhere other than their legal residence within the district long term*

ALTERNATE STOP INFORMATION:

BEGINNING DATE: _____ *please circle* a.m. Only p.m. Only BOTH

NAME: _____ PHONE: _____

ADDRESS: _____

AUTHORIZED SIGNATURE (*adult at Alternate Stop*): _____

EMAIL: _____

RELATIONSHIP TO STUDENT

It is the parents/guardians legal responsibility to ensure supervision for the child before they are picked up and after they are dropped off at their legal residence, alternate bus stop or group stop point.

*If approved, I understand that the student listed above will be picked up and/or dropped off at the requested alternate stop address until an **ENDING ALTERNATE BUS STOP FORM** is submitted for this service to end. I understand that the Transportation Supervisor reserves the right to deny this request if the location of the stop or the request itself is deemed impractical or inconsistent with district policy.*

SIGNATURE (parent or legal guardian)

Date