

REGION 12 SCHOOLS
SCHOOL YEAR 2026-2027

Resident Alternate Transportation Request
Must be completed annually

Please submit this request to Alicia Augustine via email at augustinea@region-12.org. Approval will be issued in writing. Please allow 5 school days for a response. This request will not be effective until written approval is issued.

Please Note: All requested pick-up/drop-off locations **must be an existing stop on a bus route for the current school year**. Bus routes are listed here: <https://www.region-12.org/parents-students/bus-routes>

Student Name: _____

School: _____ Grade: _____

Parent or guardian making request: _____

Best contact number: _____

Email: _____

Requested Pick-Up/Drop-Off:

Please circle whether pick up or drop off (or both): Pick up Drop off

Posted Bus Stop: _____

Name of Adult present to supervise student: _____

Contact Number of Supervising Adult: _____

Days: ____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday

Requested Effective Date: _____

By signing below, I accept full responsibility for my child when he/she is at the alternate location, and hereby authorize Region 12 Schools to pick-up and/or drop-off the student(s) listed above at the requested location.

If there is any change in this schedule, please notify central office directly by calling (860)868-6100 or by email to Alicia Augustine at augustinea@region-12.org.

Signature of Parent or Guardian

Date

SCHOOL USE ONLY: Approval: _____ Date: _____

School/Parent/Bus Company Notified on _____ by _____ (initials)