



Alternate Site Request Form

Student Name: _____

School: _____ Grade: _____

Registered Address: _____

Parent/Guardian: _____

Phone Number: (____) _____

Siblings in JPS: _____ School: _____ Grade: _____

Siblings in JPS: _____ School: _____ Grade: _____

Siblings in JPS: _____ School: _____ Grade: _____

Effective Date: (when will it start) _____

Alternate Site: _____

Alternate Site Address: _____

Emergency contact number: (____) _____

When will you need this change? (Please circle all that apply)

Monday

AM

PM

Tuesday

AM

PM

Wednesday

AM

PM

Thursday

AM

PM

Friday

AM

PM

These changes may take up to 72 hours after transportation receives a request.

Return completed form to school office or email directly to:

aldair.castro@jpsk12.org

Office Use Only

Approved By: _____

Date: _____