

ALTERNATE BUS FORM

— ADDRESS CONFIDENTIALITY PROGRAM

THE INFORMATION ON THIS FORM IS CONFIDENTIAL AND SHOULD NOT BE DISTRIBUTED.

Please fill out this form completely. Failure to do so will delay processing. Complete one form for each school your children attend.

Students may not change bus stops without notification and approval from the Transportation Department. The Transportation Department will notify the parent of the changes within five (5) days.

PLEASE PRINT

Date: School: Grade:

TO BE FILLED OUT BY PARENT

I hereby request permission and accept responsibility for my child listed below to be granted the following transportation change for pick up and/or drop off.

Name of Student:

Name of Parent/Guardian:

Designated Address:

Home Phone: Cell Phone: Email:

Include the name and phone number of the caregiver, if applicable.

Caregiver's Name: Phone:

Alternate Address:

Pick Up & Drop Off : ☐ Pick Up & Drop Off ☐ Pick Up Only ☐ Drop Off Only

Days of Week Requested: ☐ ☐ ☐ ☐ ☐
M T W TH F

Student can be left unattended at bus stop: ☐ YES ☐ NO

The following person(s) have permission to meet my child at the bus in my absence. Please include siblings:

Parent Signature:

The Transportation Department will use the following criteria to base its decision to provide transportation from an alternate address:

- The alternate address must be within the same school's attendance boundary
- If the stop is not for five (5) days, parents must list the days requested and parents assume responsibility for their children's schedule
- The stop is not in effect until parents have been notified by the Transportation Office

CONTACT YOUR DISTRICT FOR TRANSPORTATION POLICIES

FOR OFFICE USE ONLY

Route: Bus: Driver:

Stop Location:

Approved By: Date: Effective: