

**REQUEST FOR AN ALTERNATE PICKUP OR DROP OFF SITE
VERMILION LOCAL SCHOOLS**

A student will not be loaded or unloaded at other than his or her assigned bus stop unless the School District approves a WRITTEN request by the parent or guardian of the student named on this form.

THIS FORM MUST BE COMPLETELY FILLED OUT
Please turn in to your school office, or FAX to 440-204-1785

Student's Name: _____ **Grade:** _____

Address: _____

Teacher Name (required): _____ **School:** _____

Due to increasing cost to provide transportation, this form allows parents to change the pick-up and/or drop-off for their students. You are allowed only ONE change per year to be made at the beginning of the school year. Please indicate if this change will be for the AM, PM or both. Specific days will not be permitted. This change will be in effect for the entire school year. Students may not change bus stops during the school year unless there is a change of residency.

Please indicate your preference below with a check mark.

Bus Change for AM only	
Bus Change for PM only	
Bus Change for AM and PM	

Any bus change made will be for all five (5) days a week (no exceptions please) and for the entire school year. Please note that if you make a bus change you may not change back to your home address during the school year.

ALTERNATE BUS INFORMATION

Name of Caregiver/Grandparent/Daycare: _____

Address: _____ **Telephone:** _____

PARENT/GUARDIAN SIGNATURE: _____ **TELEPHONE:** _____

PARENT/GUARDIAN FAX: _____ **PARENT/GUARDIAN CELL PHONE:** _____

WHO TO CALL IN CASE OF EMERGENCY: _____
Name Phone

OFFICE USE ONLY

_____ **DISAPPROVED – Reason:** _____

_____ **APPROVED** **BUS #** _____ **EFFECTIVE DATE:** _____

APPROVAL SIGNATURE: _____