



## ALTERNATE BUS STOP REQUEST

**This form is to be used if you are requesting a pick up or drop off other than your student's current assigned bus stop.**

<b>Student(s) Name</b>		School	Grade	Date
Home Address	City	Zip Code	Home Phone	

AM Alternate Address	Phone
PM Alternate Address	Phone
Reason for Request	

Parent Name	Email Address	Phone
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The Transportation Department will review requests based on board policy and established guidelines. Please see the Transportation Handbook for more information.

**Requests will be responded to either in writing or with a phone call within 30 days. However, at the beginning of the school year, requests will not even be considered until at least 3 weeks after the start of school.**

FOR TRANSPORTATION USE ONLY		
<input type="checkbox"/> Accepted <input type="checkbox"/> Denied		
Reason if Denied	Initials	Date
Other information		