

## CAREGIVER / ALTERNATE TRANSPORTATION REQUEST

Effective Date \_\_\_\_\_

Directions: Please complete form and return to Transportation prior to the effective date. (One form per child)

NAME OF STUDENT \_\_\_\_\_ GRADE \_\_\_\_\_

SCHOOL \_\_\_\_\_

STUDENT'S HOME ADDRESS \_\_\_\_\_

NAME OF PARENT / GUARDIAN \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

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➤ **TRANSPORTATION TO SCHOOL:** (MUST BE ON EXISTING ROUTE)

I am requesting that the above-named student be picked up at the school bus stop closest to:

ALTERNATE PICK UP ADDRESS \_\_\_\_\_

CAREGIVER'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

➤ **TRANSPORTATION FROM SCHOOL:** (MUST BE ON EXISTING ROUTE)

I am requesting that the above-named student be dropped off at the school bus stop closest to:

ALTERNATE DROP OFF ADDRESS \_\_\_\_\_

CAREGIVER'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

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☞ NOTE: ..... Schools cannot provide transportation service to an alternate location outside of an existing route area.

\_\_\_\_\_  
**Parent / Guardian Signature**

\_\_\_\_\_  
**Date**

**FOR OFFICE USE ONLY**

**FORM ROUTING:** \_\_\_\_\_ **Original received at school building. Copy sent to Transportation.**

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\_\_\_\_\_ **Copy given to homeroom teacher by office staff.**