

**(SCHOOL DISTRICT)  
PUPIL TRANSPORTATION DEPARTMENT  
REQUEST FOR ALTERNATE ADDRESS BUSING**

Please fill out this form completely. Failure to do so will delay processing. Complete one form for each school. **Students may not change bus stops without notification of approval from the Transportation Department.**

**PLEASE PRINT**

DATE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

PRESENT RUN #: \_\_\_\_\_ STOP: \_\_\_\_\_

I hereby request permission and accept responsibility for my/our child(ren) listed below to be granted the following transportation change for pick up and/or delivery.

NAME OF STUDENT(S): \_\_\_\_\_  
If kindergartener, indicate a.m./ p.m. Grade  
 \_\_\_\_\_  
If kindergartener, indicate a.m./ p.m. Grade

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

HOME ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER WHERE YOU CAN BE REACHED DURING THE DAY: \_\_\_\_\_

**REQUEST TRANSFER TO:**

RUN #: \_\_\_\_\_ EFFECTIVE DATE: \_\_\_\_\_  
PARENT'S SIGNATURE

STOP LOCATION: \_\_\_\_\_

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

CAREGIVER'S ADDRESS: \_\_\_\_\_

PICK UP & DELIVERY: \_\_\_\_\_ PICK UP ONLY: \_\_\_\_\_ DELIVERY ONLY: \_\_\_\_\_

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

- The alternate address must be within the same school's attendance boundary.
- The alternate stop must be for all five (5) days and times per week.
- The alternate stop must be an existing stop on the bus run.
- The desired alternate bus run cannot be within 10% of load capacity.
- If request is for a noontime kindergarten stop, the stop requested must be within the same a.m./p.m. attendance area for that school.
- Transportation eligibility is determined by the student's home address.

**Approved requests will cause your child's assignment to change to the alternate address. If your child should need to change back to the home stop, you must contact the Transportation Department three (3) days prior to riding from the different stop.**

\* \* \* \* \* **FOR OFFICE USE ONLY** \* \* \* \* \*

ROUTE: \_\_\_\_\_ DRIVER: \_\_\_\_\_ RUN: \_\_\_\_\_ STOP ID#: \_\_\_\_\_

TRANSFER APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_ EFFECTIVE: \_\_\_\_\_ AUTHORIZED BY: \_\_\_\_\_

RATIONALE/COMMENTS: \_\_\_\_\_

(Date) DISTRIBUTION: \_\_\_\_\_ 1. File \_\_\_\_\_ 2. Bus Driver \_\_\_\_\_ 3. School