

**REQUEST FOR ALTERNATE BUSING**  
**School Year: 2020-2021**

Purpose: Students who require busing from and/or to a daycare provider or other caregiver. **Please note that your request can only be accommodated if the alternate address is within your elementary school district and only if space is available.** We will not transport to more than one alternate caregiver.

**Instructions: Please complete and return this form to your school.**  
**Alternate bus forms submitted before Wednesday, October 28th will be honored starting on Monday, November 2nd.**  
**After October 28th, changes will occur five school days after the submission date of the form.**

Student's Name:		First	Middle	Last
Grade:	School:			
Parent/Legal Guardian:		First	Middle	Last
Address:		Number	Street	City
				Zip Code
Date:	Telephone #: (home)	(work)	Signature:	

If the following is a location other than the child's normal residence, please complete:

A.M. Pick-up Location:

\_\_\_\_\_  
 Caregiver/Daycare Name

\_\_\_\_\_  
 Caregiver/Daycare Address

\_\_\_\_\_  
 Caregiver/Daycare Telephone Number

Check days to be picked up at above location:     Monday     Tuesday     Wednesday     Thursday     Friday

<b>Bus Company to Complete</b>	
Bus/Route #: _____	Pick-up Location: _____

P.M. Drop-off Location:

\_\_\_\_\_  
 Caregiver/Daycare Name

\_\_\_\_\_  
 Caregiver/Daycare Address

\_\_\_\_\_  
 Caregiver/Daycare Telephone Number

Check days to be dropped off at above location:     Monday     Tuesday     Wednesday     Thursday     Friday

<b>Bus Company to Complete</b>	
Bus/Route #: _____	Pick-up Location: _____

**School/Office Use Only:**

**Date Form Received:** \_\_\_\_\_

**Approved:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 Business Manager/Principal