

UPPER SANDUSKY SCHOOLS
TRANSPORTATION DEPARTMENT

This form is for use when you are requesting an alternative stop location for your child. As a safety consideration for your child it is important that the Transportation Department have current information. Medical and designated place of safety forms must be on file. **This form must be filled out every school year and returned to the Bus Garage 72 hours in advance.**

I AM REQUESTING THAT THE FOLLOWING STUDENT BE TRANSPORTED TO/FROM AN ALTERNATIVE ADDRESS:

STUDENT NAME _____ SCHOOL _____

HOME ADDRESS _____ GRADE _____

ALTERNATIVE RESIDENCE NAME _____

ALTERNATIVE ADDRESS _____

ALTERNATIVE PHONE _____ EMERGENCY PHONE _____

DAYS OF WEEK: MON _____ TUES _____ WED _____ THURS _____ FRID _____

AM _____ PM _____ BOTH _____

DATES TRANSPORTATION REQUESTED: FROM _____ TO _____

PARENT/GUARDIAN SIGNATURE _____

THIS REQUEST WILL BE APPROVED IF THE ALTERNATIVE STOP IS ON A BUS RUN AND THE STOP WILL BE CONSISTENT AND SPACE IS AVAILABLE.

THIS SECTION FOR COMPLETION BY THE TRANSPORTATION DEPARTMENT

REGULAR BUS NUMBER ASSIGNED AM _____ PM _____

ALTERNATIVE BUS NUMBER ASSIGNED AM _____ PM _____

APPROVED BY: _____ DATE _____