

**Before and After School Care
Request for Extended Alternate Route**

School: _____
Student Name: _____
Teacher Name: _____
Parent's Name: _____
Home Address: _____

Date: _____

I am requesting that my child/children be picked up and/or dropped off from an alternate address.
The alternate address is _____

This alternate address will be in effect for:
(please check all that apply)

- ☐ Morning Route Only
☐ Afternoon Route Only
☐ Both Morning and Afternoon Route

I hereby give permission to _____ (alternate bus driver) to pick up and/or drop off my child/children at the above alternate address. I will not hold the Vermilion Parish School Board or the bus driver responsible for any accident that may occur after the student is dropped off at this address. I understand that if the driver's regular route becomes overloaded, this special privilege will be revoked and parents will have to find other means of transportation. The privilege of this request will go on a first come first serve basis, which means the latest form turned in will be the first to be pulled from the bus should overcrowding occur. As state law stipulates, a bus driver cannot change their route to accommodate this special privilege. Form must be completed, approved by the principal, & returned to the bus driver before the student will be allowed to ride the alternate route.

Parent/Guardian Signature

Principal Signature

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TO BE FILLED OUT BY SCHOOL:

DATE AND TIME TURNED INTO OFFICE

SIGNATURE

FORM MUST BE FAXED TO THE TRANSPORTATION SUPERVISOR 337-740-5912.