

Shelby Eastern Schools
2451 N 600 E, Shelbyville, Indiana 46176
Central Office - (765) 544-2246 Fax Number - (765) 544-2247 E-mail - kfalk@ses.k12.in.us

REQUEST FOR TRANSPORTATION TO/FROM ALTERNATE ADDRESS

Directions: Complete and return this form to the school office. Transportation will **not** be provided until the request has been approved. Only one alternate site will be approved per student.

NAME(S) OF STUDENT: _____ GRADE: _____

_____ GRADE: _____

STUDENT'S HOME ADDRESS: _____

SCHOOL: _____

NAME OF PARENT/GUARDIAN: _____

PREFERRED PHONE NUMBER: _____

E-MAIL ADDRESS (TO RECEIVE TRANSPORTATION UPDATES): _____

TRANSPORTATION TO SCHOOL: (MUST BE ON EXISTING ROUTE.)

I am requesting that the above-named child/children to be picked up at the bus stop closest to:

ALTERNATE ADDRESS: _____

ADULT AT ALT. ADDRESS: _____ PHONE NUMBER: _____

TRANSPORTATION FROM SCHOOL: (MUST BE ON EXISTING ROUTE.)

I am requesting that return transportation be provided to the bus stop closest to:

ALTERNATE ADDRESS: _____

ADULT AT ALT. ADDRESS: _____ PHONE NUMBER: _____

NOTE: Shelby Eastern Schools will not alter, lengthen, modify, or add a bus route to accommodate this request. **This request may not be approved if the alternate bus route is at capacity.** Alternate transportation is being provided as a convenience and may be terminated by Shelby Eastern Schools if the student fails to observe the bus rules.

Date of Request

Signature of Parent/Guardian

FOR OFFICE USE ONLY

___ Approved ___ Disapproved

Bus # ___ Approved By: _____