



Clark-Pleasant Community School Corporation

Office of Student Transportation
50 Center St
Whiteland IN 46184

Phone: 317-535-7255
Fax: 317-535-2090

ALTERNATE BUS STOP REQUEST (effective 7/17/18)

The Clark-Pleasant Office of Student Transportation is committed to safe transportation. In order to ensure that your child is transported to an alternate address or child care provider, we request that you submit the form below. A transportation representative will then contact you with a new bus schedule. Please be sure to obtain a bus pass from your child's school until the request has been processed.

All requests require a parent/guardian signature.

The schedule is a set 5 days, AM & PM Monday through Friday ONLY.

Co-Parenting Addresses for children 7th-12th Grade ONLY, please contact the Transportation Department at 317-535-7255. Anything different will need to go through the school and they may issue a bus pass. High School and Middle School DO NOT issue bus passes unless there is an emergency.

ONE CHILD PER FORM

Student Last Name: _____ Student First Name: _____

Current Home Address (house number, street): _____ City: _____ Zip: _____

Current Phone Number: _____ Emergency Phone Number: _____

School of Attendance: _____ Grade: _____

AM Alternate Address Request

Address (house number, street) _____ City _____ Zip Code: _____

Facility Name if Applicable (i.e YMCA, Guardian Angels, etc.) _____

Alternate Phone Number#: _____ Alternate Address Contact: _____

Alternate Address Contact Relationship (child care provider, relative, etc...) _____

PM Alternate Address Request

Address (house number, street) _____ City: _____ Zip: _____

Facility Name if Applicable (i.e YMCA, Guardian Angels, etc.) _____

Phone Number (for alternate address): _____ Alternate Address Contact: _____

Alternate Address Contact Relationship (child care provider, relative, etc...) _____

Reason for request:

I authorize the Office of Student Transportation to transport my child to an alternate address other than my child's established bus stop. I acknowledge that it is my responsibility to contact the Office of Student Transportation if my child later needs alternate transportation services different from requested above. I acknowledge that the above request may take 3-5 business days to process. I acknowledge that the request will begin when I am notified by the Office of Student Transportation representative.

Date Requested for new service to begin: _____ Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____ Date Submitted: _____

*****NOTICE***IF YOU WANT THIS SHEET TO BE EFFECTIVE THE 1ST DAY OF SCHOOL, IT NEEDS TO BE IN THE TRANSPORTATION OFFICE BY JULY 15TH OF THE CURRENT SCHOOL YEAR.**

Transportation Information-To be filled out by Office of Student Transportation

Requested AM Bus Information