



# Clark-Pleasant Community School Corporation

Office of Student Transportation  
50 Center St  
Whiteland IN 46184

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

## CO-PARENTING BUS STOP REQUEST Effective 7/19/2018

Dear Parents/ Guardian,

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, we request that you complete the form below. The form will be processed by the transportation office and a transportation representative will contact you with a new bus schedule. Please be sure to contact your child's school for a bus pass until the request has been processed.

*No requests will be processed without a parent/guardian signature.*

### **Co-Parenting Address for children 6<sup>th</sup>-12<sup>th</sup> Grade ONLY,**

**Address #1 will be assigned as an AM Route and Address #2 will be assigned as the PM Route.**

**The student may alternate AM & PM. The purpose of this request is to ensure that the student appears on both drivers routes.**

**REQUESTS WILL NOT BE GRANTED IF THE ALTERNATE BUS REQUESTED DOES NOT HAVE ROOM TO ACCOMMODATE**

**\*\*\*\*\*ONE CHILD PER FORM\*\*\*\*\***

Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Current Home Address (house number, street): \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Current Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Emergency Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

School of Attendance: \_\_\_\_\_ Grade: \_\_\_\_\_

#### **Co-Parent Address #1**

Address #1 (house number, street) \_\_\_\_\_ City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone Number (for address #1): (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address #1 Contact Name: \_\_\_\_\_

Address #1 Contact Relationship \_\_\_\_\_

#### **Co-Parent Address #2**

Address #2 (house number, street) \_\_\_\_\_ City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone Number (for address #2): (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address #2 Contact Name: \_\_\_\_\_

Address #2 Contact Relationship \_\_\_\_\_

*I acknowledge that 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 not the responsibility of my student's school, the transportation department or the bus driver to keep track of my students schedule and which address the student should be picked up from or delivered to. I acknowledge that the above request may take 5 – 7 business days to process, notify school administrators, bus driver, and make necessary route changes to accommodate above request. I acknowledge that I will contact my student's school to begin transportation until this request has been processed..*

Date Requested for new service to begin: \_\_\_\_\_

Parent/Guardian Name (print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

**We thank you for your cooperation and look forward to a safe school year!**

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

**Requested Address #1 Bus Information**

Address #1 Bus Route: \_\_\_\_\_

Address #1 Bus #: \_\_\_\_\_

Address #1 Bus Stop: \_\_\_\_\_

Address #1 Driver: \_\_\_\_\_

**Requested Address #2 Bus Information**

Address #2 Bus Route: \_\_\_\_\_

Address #2 Bus #: \_\_\_\_\_

Address #2 Bus Stop: \_\_\_\_\_

Address #2 Driver: \_\_\_\_\_

Date New Service is Scheduled to Begin: \_\_\_\_\_

Name of Parent/Guardian Notified : \_\_\_\_\_

Transportation Department Signature: \_\_\_\_\_

Date: \_\_\_\_\_