

Bus garage Phone: 330-527-4250

Fax: 330-527-2693

Students will be picked-up and discharged only at their legal residence unless this variation application is completed, signed and approved by the transportation supervisor. **PARENTS/GUARDIANS WILL BE PERMITTED ONE (1) REGULAR ALTERNATIVE PICK UP and/or DROP OFF LOCATION within the district LONG TERM per year. **NOTE: Bus variations are only good for one year and are not carried over to the next school year.****

It is understood the parent/guardian WILL NOT HOLD the bus driver, teacher or any other school official responsible for any accidents or mishaps directly or indirectly connected with allowing their child to depart from said school bus at any location other than their legal residence. Please make your request below and submit it at **LEAST 24 HOURS** prior to the date of the variation request. Please refer to your student's handbook for complete rules regarding bus variations.

This request must be complete with all the required information before this variance can be approved.

***SORRY, we WILL NOT accept telephone calls after 12:00 p.m.**

Date _____ Residential Bus Number _____ Open Enrollment _____

Name of Student(s) _____ Grade _____ Teacher _____
_____ Grade _____ Teacher _____
_____ Grade _____ Teacher _____

Home Address: _____
House Number Street City Zip

PARENT/GUARDIAN NAME: _____

HOME PHONE _____ CELL PHONE: _____ WORK PHONE: _____

AM Pick up will be at the following **DAYCARE/SITTER**
DAYCARE/SITTER NAME: _____ PHONE: _____
VARIATION DAYCARE/SITTER ADDRESS: _____

PM Drop-off will be at the following **DAYCARE/SITTER**
DAYCARE/SITTER NAME: _____ PHONE: _____
VARIATION DAYCARE/SITTER ADDRESS: _____

*Days variation will be needed: Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___

***Selective days are not applicable to Kindergarten or First Grade students, their days MUST be consistent!**

Alternate emergency contact name and phone in case of emergency if parent/guardian/sitter cannot be reached:

Name: _____ **Phone:** _____

If approved, I understand that the child(ren) listed above will be picked up and/or dropped off at the requested above **Variation Address** until I fill out an **Ending Bus Schedule Variation form**. I understand the Transportation Supervisor reserves the right to deny this request for any reason. **Variation requests will be denied if not signed and dated.**

Signature of Parent or Legal Guardian Today's Date Date to Start Date to End

ENDING a bus variation: Please submit an ENDING BUS SCHEDULE VARIATION FORM to the Transportation office. Once your ending form is processed your student will be automatically added back to the bus route to and from their legal residence unless another variation form is turned in for processing. All forms are available at the schools, transportation department or on the school's website at garfield.sparcc.org.

Transportation Office _____ Approved _____ Date approved _____

SORRY, THIS REQUEST CANNOT BE APPROVED. _____

Variation Bus Number _____