

REGIONAL SCHOOL UNIT No. 67

**Request for Alternative Bus Transportation
2023-2024**

NOTE: REQUESTS MUST BE SUBMITTED TO THE BUILDING PRINCIPAL
AT LEAST ONE WEEK PRIOR TO THE START DATE

Date: _____ School: _____

Please fill out this form completely. Complete one form for each school. Learners may not change bus stops without notification of approval from the Transportation Department.

I hereby request permission and accept responsibility for my child(ren) listed below to be granted the following transportation change.

STUDENT'S NAME: _____ Grade _____

STUDENT'S NAME: _____ Grade _____

PARENT/GUARDIAN'S NAME: _____

HOME ADDRESS: _____

PHONE NUMBERS: H) _____ C) _____ W) _____

AFTER-SCHOOL LOCATION NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

**CIRCLE THE DAY(S) FOR WHICH YOU ARE REQUESTING A CHANGE FROM
HOME ADDRESS: Monday Tuesday Wednesday Thursday Friday**

Circle one or both: AM or PM

Start Date _____ End Date _____

Permission to cross the street: ☐ Yes ☐ No

PARENT/GUARDIAN SIGNATURE: _____

TRANSPORTATION DIRECTOR: _____ **Approved Not Approved**

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NOTE: The AFTER SCHOOL LOCATION address must be within the same school attendance boundary as your home address. If your child should need to change back to the home stop, you must contact the Transportation Department three (3) days prior to riding from the different stop. **This request form is for one school year only.**

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Office Use Only:

Copy to Superintendent's Office	_____	(School)
Copy to School	_____	(Central Office)
Copy to Bus Garage	_____	(Central Office)
Copy to Parent/Guardian	_____	(School)

1st Address Bus # _____

2nd Address Bus # _____