

# ALTERNATE BUS FORM



ANCHOR BAY SCHOOLS  
TRANSPORTATION DEPARTMENT  
586-725-4220 Office FAX 586-725-4223

Please fill out this form completely. Failure to do so will delay processing. Complete one form for each school your children attend. **Students may not change bus stops without notification and approval from the Transportation Department. The Transportation Department will notify the parent of the changes within five (5) days.**

**PLEASE PRINT**

DATE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

**To Be Filled out by Parents:**

I hereby request permission and accept responsibility for my/our child(ren) listed below to be granted the following transportation change for pick up and/or drop off.

NAME OF STUDENT(S) \_\_\_\_\_

If Kindergartner, indicate a.m./p.m.                      Grade                      School

\_\_\_\_\_ If Kindergartner indicate a.m./p.m.                      Grade                      School

NAME OF PARENT/GUARDIAN \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_

CAREGIVERS NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_

CAREGIVERS ADDRESS: \_\_\_\_\_

PICK UP & DROP OFF \_\_\_\_\_ PICK UP ONLY \_\_\_\_\_ DROP OFF ONLY \_\_\_\_\_

**Parent Signature** \_\_\_\_\_

The Transportation Department will use the following criteria to base its decision to provide transportation from an alternate address:

- The alternate address must be within the same school's attendance boundary
- **The alternate stop must be for all five (5) days a week NO EXCEPTIONS**
- The alternate stop must be an existing stop on the bus run.
- The desired alternate bus run cannot be within 10% of load capacity
- If request is for a noontime kindergarten stop, the stop requested must be within the a.m./p.m. attendance area for that school
- The stop is not in effect until parents have been notified by the Transportation Office

**Approved request will cause your child's assignment to change to the alternate address. If your child should need to change back to the home stop, you must contact the Transportation Department five (5) days prior to riding from the different stop.**

\*\*\*\*\* FOR OFFICE USE ONLY\*\*\*\*\*

ROUTE: \_\_\_\_\_ BUS: \_\_\_\_\_ DRIVER: \_\_\_\_\_

STOP LOCATION: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ EFFECTIVE: \_\_\_\_\_

8/08 REVISED                      \_\_\_FILE                      \_\_\_BUS DRIVER                      \_\_\_SCHOOL