

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 _____