



Fowlerville Community Schools Transportation Department Request for Alternate Busing

Complete one form per student. Return form to school or Transportation Department. Students may not change bus stops without notification/approval from the Transportation Department. Please allow one (1) week for processing.

TODAY'S DATE: _____ **SCHOOL BUILDING ATTENDING:** _____

PLEASE PRINT

Student Name: _____ Grade: _____ Teacher Name: _____

Daytime Phone Number: _____ Parent/Guardian(s) Name(s): _____

LOCATIONS:

Directions – Please place an H (Home) or A (Alternate) in appropriate box.

Home Address _____ Bus # _____

Alternate Address _____ Caregiver's Name _____ Phone # _____

	MON.	TUE.	WED.	THURS.	FRI.
a.m. pick-up					
p.m. drop-off					

I hereby request permission and accept responsibility for my/our child listed above, to be granted the following alternate pick up and/or delivery location.

SIGNATURE of Parent/Guardian

Effective Date

The Transportation Department will use the following rules to base its decision to provide or continue transportation to/from an alternate address:

- Only one alternate bus stop can be maintained per student.
- The alternate address must be within the school's attendance boundary.
- The alternate stop must be at a home or child-care agency that is along an existing route and must not alter any regular bus route stops, schedules, or in any other way interfere with the regular operation of the transportation system.
- The desired alternate bus stop must not result in overcrowding of the route or alteration of any other bus routes.
- The caregiver at the alternate stop must be available to make contact with the driver at drop-off for kindergarten students.

For Office Use Only:

<u>PICKUP BUS (AM)</u>	
Bus# _____	Driver: _____
Stop Location: _____	

<u>DROP OFF (PM)</u>	
Bus# _____	Driver: _____
Stop Location: _____	

<u>PICKUP BUS (AM)</u>	
Bus# _____	Driver: _____
Stop Location: _____	

<u>DROP OFF (PM)</u>	
Bus# _____	Driver: _____
Stop Location: _____	

Approved By: _____ Date: _____
TRANSPORTATION SUPERVISOR

WHITE - TRANSPORTATION YELLOW - SCHOOL PINK - STUDENT GOLD - DRIVER