

Alternate Bus Stop Permission Slip

Office Use
RT RT

Student Name _____

Grade _____

Home Address _____

Home Phone _____

Caregiver's Name _____

Caregiver's Phone _____

Caregiver's Address _____

My child will be picked up and dropped off at this address. _____

Emergency Contact Information

My child will be picked up only at this address. _____

Name _____

My child will be dropped off only at this address. _____

Phone _____

Students will be picked up and dropped off at the closest designated stop to the alternate stop. The school needs 72-120 hours (3-5 work days) notice of any bus stop changes. The alternate stop will become your child's designated stop Monday through Friday.

It is the parent's responsibility to notify the school if the above information will need to change.

Parent Signature

Date

PARENT REQUEST FOR ALTERNATE STOP. PARENT ASSUMES RESPONSIBILITY FOR THEIR CHILDREN AT ALTERNATE STOP.