

**Howell Public Schools**  
 Transportation Department  
 Request for Alternate Busing

The Transportation Department will use the following rules to base its decision to provide transportation to/from an alternate address:  
 The alternate address must be within the same school's attendance boundary unless a transfer bus route has been established.  
 The alternate stop must be an existing stop on the bus run.  
 The desired alternate bus stop must not result in overcrowding or alteration of any regular bus routes.  
 The desired alternate bus stop must not alter any regular bus route stops, schedules or in any other way interfere with the regular operation of the transportation system.

Please fill out this form completely. Failure to do so will delay processing. Complete one form per student. Return form to the Transportation Department. Students may not change bus stops without notification / approval from the Transportation Department. Allow two (2) weeks for processing.

Today's Date: \_\_\_\_\_ School Attending: \_\_\_\_\_

I hereby request permission and accept responsibility for my / our child listed below, to be granted the following alternate pick up and / or delivery location. I further agree that if the student listed on this form does not need transportation on any given day, the Transportation Department will be notified.

**PLEASE PRINT**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ AM PM Green Group  
 (If Kindergartner, circle which group)  
 Teacher Name: \_\_\_\_\_  
 Parents Name: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

<b>(1.)</b>	_____	_____	_____	CHOOSE ONE (1) OR TWO (2) AM/PM
	<b>HOME ADDRESS</b>	<b>CITY</b>	<b>ZIP</b>	
				<b>AM</b> <b>PM</b>
<b>(2.)</b>	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
	<b>ALTERNATE ADDRESS</b>	<b>CITY</b>	<b>ZIP</b>	

Caregiver Name: \_\_\_\_\_  
 Caregiver Phone #: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Parent / Guardian

\_\_\_\_\_  
 Effective Date

PICKUP BUS (AM)

Bus#: \_\_\_\_\_ Driver: \_\_\_\_\_

Stop Location: \_\_\_\_\_

Transfers: Bus # \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

DROP OFF BUS (PM)

Bus#: \_\_\_\_\_ Driver: \_\_\_\_\_

Slot # \_\_\_\_\_

Stop Location: \_\_\_\_\_

Transfers: Bus # \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_  
 TRANSPORTATION SUPERVISOR