

# 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 a current stop on the bus route.

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 stops, schedules or in any other way interfere with the regular operation of the transportation system.

Howell Schools has a one pick up, one drop off policy. The bus stop must remain consistent Monday-Friday.

The morning location may differ from the afternoon location.

Please fill out this form completely. Failure to do so will delay processing. Complete one form per student. Return form to the Transportation Department.

Student 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 dropoff 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: \_\_\_\_\_

Parents name: \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Alternate Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Caregiver Name \_\_\_\_\_

Caregiver Phone # \_\_\_\_\_

AM

PM



Choose (A) for alternate address or (H) for home address

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
EFFECTIVE DATE

**FOR OFFICE USE ONLY**

A.M. BUS	
BUS # _____	TIME _____
STOP LOCATION _____	
TRANS BUS _____	FROM _____ TO _____

P.M. BUS	
BUS # _____	TIME _____
STOP LOCATION _____	
TRANS BUS _____	FROM _____ TO _____

APPROVED: \_\_\_\_\_  
TRANSPORTATION SUPERVISOR

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