



### **Request for Alternate School Bus Transportation**

**Requests need to be RENEWED EACH SCHOOL YEAR**

- Distance Criteria-more than 1.5 miles from the school.
- Applications due April 1.
- Late applications will be processed by the date the application was received, eligibility for transportation and availability of existing bus routes.
- Submission of this request is not a guarantee of service, approval depends on existing bus routes servicing your child’s school.

*To be completed by Parent/Guardian Only (Please Print Clearly)*

School: \_\_\_\_\_ Date: \_\_\_\_\_ Effective Date: \_\_\_\_\_

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

Home Address: \_\_\_\_\_

Home Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

- YPS Registered Childcare Provider     Childcare Provider     Caregiver     Other

**AM** Pick-up Address: (Must be the same 5 days a week)

\_\_\_\_\_

**PM** Drop off Address: (Must be the same 5 days a week)

\_\_\_\_\_

**Both AM and PM stops- MUST BE SAME BUS UNLESS STUDENT HAS AN IEP**

**Signature of Parent/Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**TRANSPORTATION DEPARTMENT USE ONLY**

Transportation Assignment	Alternate Transportation Assignment
Route: _____ Time: _____	Route: _____ Time: _____
Location: _____	Location: _____
Company: _____	Company: _____
Student District ID#: _____	
Comment(s): _____	
_____	
Transportation Staff: _____	