

## REQUEST FOR ALTERNATE ADDRESS BUSING FORM

## UTICA COMMUNITY SCHOOLS TRANSPORTATION DEPARTMENT

Please fill out this form completely. Failure to do so will delay processing. Complete one form for each school. **Students may not change bus stops without notification of approval from the Transportation Department. PLEASE PRINT** 

DATE:	SCHOOL:	·		
BUS #:	STOP:			
I hereby request permission pick up and/or delivery.	and accept responsibility for my/o	our child(ren) listed belo	ow to be granted the following transportation cha	ange for
NAME OF STUI	DENT(S):		. GRADE	
NAME OF PARE	ENT/GUARDIAN:			
HOME ADDRES	S:		ZIP:	
PHONE NUMBER W	HERE YOU CAN BE REACHED DURI	NG THE DAY:	CELL NUMBER:	-
REQUEST TRANSFI	ER TO:			
CAREGIVER'S NAME:			PHONE:	
CAREGIVER'S A	ADDRESS:			
BUS #:	EFFECTIVE DATE:			
			PARENT'S SIGNATURE	
PICK UP & DELI	VERY: PICK	CUP ONLY:	DELIVERY ONLY:	_
The Transportation Depa	artment will use the following rule	es to base its decision to	provide transportation from an alternate addres	s:
The alternate	address must be within the same	school's attendance bou	ndary.	
• The alternate	stop must be for all five (5) days	a week.		
• The alternate	stop must be an existing stop on	the bus run.		
• The desired a	lternate bus run cannot be within	10% of load capacity.		
• Transportation	on eligibility is determined by the	student's home address.		
			address. If your child should need to change days prior to riding from the different stop	
* * * * * * * *	* * * * * * FOR OFFICE	USE ONLY * * *	. * * * * * * * * *	
BUS#: DRIVER	R:	RUN:	STOP ID#:	
TRANSFER APPROVED:	DATE:	EFFECTIVE:	AUTHORIZED BY:	
RATIONALE/COMMENTS: _				

\_\_\_\_\_ 2. Bus Driver

\_\_\_\_\_ 1. File

DISTRIBUTION:

\_3. School