



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 and accept responsibility for my/our child(ren) listed below to be granted the following transportation change for pick up and/or delivery.

NAME OF STUDENT(S): _____

GRADE _____

GRADE _____

NAME OF PARENT/GUARDIAN: _____

HOME ADDRESS: _____ ZIP: _____

PHONE NUMBER WHERE YOU CAN BE REACHED DURING THE DAY: _____ CELL NUMBER: _____

REQUEST TRANSFER TO:

CAREGIVER'S NAME: _____ PHONE: _____

CAREGIVER'S ADDRESS: _____

BUS #: _____ EFFECTIVE DATE: _____

PARENT'S SIGNATURE _____

STOP LOCATION: _____

PICK UP & DELIVERY: _____ PICK UP ONLY: _____ DELIVERY ONLY: _____

The Transportation Department will use the following rules to base its decision to provide transportation from an alternate address:

- The alternate address must be within the same school's attendance boundary.
- 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 alternate bus run cannot be within 10% of load capacity.
- Transportation eligibility is determined by the student's home address.

Approved requests will cause your child's assignment to change to the alternate address. If your child should need to change back to the home stop, you must contact the Transportation Department three (3) days prior to riding from the different stop.

* * * * * FOR OFFICE USE ONLY * * * * *

BUS#: _____ DRIVER: _____ RUN: _____ STOP ID#: _____

TRANSFER APPROVED: _____ DATE: _____ EFFECTIVE: _____ AUTHORIZED BY: _____

RATIONALE/COMMENTS: _____

DISTRIBUTION: _____ 1. File _____ 2. Bus Driver _____ 3. School _____