

# Transportation Department Alternate Destination Request

Form T-40-12 rev.

Student Name \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_

**Student will be picked up and dropped off at home on any days not checked.**

**A.M. Pick-Up: Check days**

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

**Caregiver Information**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Alternate Phone \_\_\_\_\_

Regular Bus No.	Trans. Bus No.

**P.M. Return: Check days**

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

**Caregiver Information**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Alternate Phone \_\_\_\_\_

Regular Bus No.	Trans. Bus No.

The above destination for pick-up and return home trip is effective beginning on \_\_\_\_\_ through \_\_\_\_\_.

**Special Note:** When approved by the school principal and the Transportation Department the above locations will be the authorized destination for the student until a new form has been approved.

*Parent/Guardian: Please keep the gold copy for your records!*

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_  
 Address \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Alternate Phone \_\_\_\_\_

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 School Authorization

Principal \_\_\_\_\_

Transportation Department \_\_\_\_\_

Distribution: White: Transportation Canary: School Office Pink: Teacher Gold: Parent/Guardian
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