



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 _____

School Authorization

Principal _____

Transportation Department _____

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