**METROPOLITAN SCHOOL DISTRICT OF PERRY TOWNSHIP**

**Transportation Department 1319 W. Edgewood Ave, Indpls., IN 46217**

**ALTERNATE BUS WAIVER REQUEST**

 DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. STUDENT NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_HOME PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_WORK/CELL PHONE \_\_\_\_\_\_\_\_\_\_\_\_

HOME ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SCHOOL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_GRADE :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for requesting alternate bus\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requested alternate address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CURRENT BUS STOP LOCATION CURRENT #**

A.M. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_BUS #\_\_\_\_\_\_\_\_\_\_\_\_

P.M. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_BUS #\_\_\_\_\_\_\_\_\_\_\_\_

**ALTERNATE BUS STOP LOCATION NEW #**

A.M.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_BUS #\_\_\_\_\_\_\_\_\_\_\_\_

P.M.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_BUS #\_\_\_\_\_\_\_\_\_\_\_\_

**INFORMATION BELOW COMPLETED BY THE TRANSPORTATION DEPARTMENT**

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1. **APPROVED BY TRANSPORTATION YES NO** DATE APPROVED \_\_\_\_\_\_\_\_\_\_\_

 (Based on available space) Circle One

Transportation Director comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Transportation Director (or Designee) Signature

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\*\* **APPROVED ALTERNATE BUS WAIVERS FOR** **STUDENTS IN KINDERGARTEN ARE ONLY IN EFFECT UNTIL THE END OF THE SCHOOL YEAR.**

**\*\*APPROVED ALTERNATE BUS WAIVERS FOR STUDENTS IN GRADES 1-12 WILL STAY IN EFFECT UNTIL THE REQUEST IS CHANGED.**

**\*\*NEW ALTERNATE BUS WAIVERS FOR STUDENTS IN GRADES 6-12 WILL NOT BE PROCESSED FOR UNTIL AFTER THE FIRST 2 WEEKS OF SCHOOL.**

**\*\*THIS FORM MUST BE SUBMITTED TO THE SCHOOL YOUR STUDENT ATTENDS.**

**YOUR STUDENT'S SCHOOL WILL CALL YOU WHEN THEY RECEIVE THE NOTIFICATION OF APPROVAL OR DENIAL.**

**REVISED 7/13/18**