

PERRY TOWNSHIP SCHOOLS

**ALTERNATE BUS WAIVER REQUEST FORM**

Student Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Requested address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Reason for requesting alternate bus stop location: \_\_\_\_\_

**Current Transportation Address:**

AM Address: \_\_\_\_\_ Bus #: \_\_\_\_\_

PM Address: \_\_\_\_\_ Bus #: \_\_\_\_\_

Person completing bus waiver: \_\_\_\_\_

**Waiver requests will be denied if not filled out completely.**

**\*\*\*\* TO BE COMPLETED BY TRANSPORTATION OFFICE ONLY \*\*\*\***

Waiver Approved:    Yes        No                      Waiver Start Date: \_\_\_\_\_  
(IF APPROVED)

Additional Notes: \_\_\_\_\_

**New Alternate Bus Information**

	Approx. Time	Bus Stop Location	Bus
AM:			Bus #:
PM:			Bus #:

**These are approximate pick up/drop off times. The bus may arrive ten minutes before or after time listed.**

\_\_\_\_\_  
Transportation Designee Signature

**IMPORTANT INFORMATION REGARDING WAIVER REQUESTS**

- \*\* Completed Waivers** Submit these forms directly to the school that your child attends.
- \*\* Elementary Schools (Gr. 1-5)** Approved waivers will remain active until canceled.
- \*\* Kindergarten (K) and Secondary Schools (Gr. 6-12)** Waivers are submitted each school year.
- \*\* After waiver is processed** A staff member from your child's school will notify you.