

METROPOLITAN SCHOOL DISTRICT OF PERRY TOWNSHIP
Transportation Department 1319 W. Edgewood Ave, Indpls., IN 46217

ALTERNATE BUS WAIVER REQUEST

DATE _____

A. 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

B. **APPROVED BY TRANSPORTATION** **YES** **NO** **DATE APPROVED** _____
(Based on available space) Circle One

Transportation Director comments _____

Signed: _____

Transportation Director (or Designee) Signature

**** 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.**

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

REVISED 5/26/17