

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.**

**\*\*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.**