

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:

AM: _____ Bus #: _____

PM: _____ Bus #: _____

Person completing waiver: _____

****** 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.
