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: _____

AM ONLY PM ONLY BOTH AM AND PM

(Please circle) For the above address

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.

REVISED 2/6/2019 KH