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 A (Please circle) For the above addr Reason for requesting alternate bus stop location:	ress
<u>Current Transportation</u>	Address:
AM Address:	Bus #:
PM Address:	
Person completing bus waiver: Waiver requests will be denied if not filled out completely.	
	filled out completely.
**** TO BE COMPLETED BY TRANSPOR Waiver Approved: Yes No Waiver	filled out completely.
**** TO BE COMPLETED BY TRANSPOR Waiver Approved: Yes No Waiver	TATION OFFICE ONLY **** Start Date:
Waiver requests will be denied if not **** TO BE COMPLETED BY TRANSPOR Waiver Approved: Yes No Waiver (IF APP	TATION OFFICE ONLY **** Start Date: PROVED)
**** TO BE COMPLETED BY TRANSPOR Waiver Approved: Yes No Waiver (IF APP Additional Notes:	TATION OFFICE ONLY **** Start Date: PROVED)
Waiver requests will be denied if not **** TO BE COMPLETED BY TRANSPOR Waiver Approved: Yes No Waiver (IF APP Additional Notes: New Alternate Bus Inform	TATION OFFICE ONLY **** Start Date: PROVED)
Waiver requests will be denied if not **** TO BE COMPLETED BY TRANSPOR Waiver Approved: Yes No Waiver (IF APP Additional Notes: New Alternate Bus Inform Approx. Time Bus Stop Location	Start Date: PROVED) Tmation Bus
Waiver requests will be denied if not **** TO BE COMPLETED BY TRANSPOR Waiver Approved: Yes No Waiver (IF APP Additional Notes: New Alternate Bus Info Approx. Time Bus Stop Location AM:	Start Date: PROVED) Tmation Bus Bus #: Bus #:

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.