

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: _____

A.M. ONLY P.M. ONLY BOTH A.M. AND P.M.
(MUST CHOOSE AND CIRCLE ONE OF THE ABOVE)

REASON FOR REQUESTING ALTERNATE BUS STOP LOCATION? _____

STUDENT'S CURRENT BUS STOP

A.M. BUS STOP LOCATION: _____ BUS #: _____

P.M. BUS STOP LOCATION: _____ BUS #: _____

PARENT/GUARDIAN : _____

WAIVER REQUESTS COULD BE DENIED IF MISSING COMPLETE INFO.

XXXXXX TRANSPORTATION OFFICE ONLY XXXXXX

WAIVER APPROVED:	<input type="checkbox"/> YES <input type="checkbox"/> NO	WAIVER START DATE:	<input style="width: 90%;" type="text"/>
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ADDITIONAL COMMENTS FOR THE DRIVER:	<input style="width: 95%;" type="text"/>
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NEW BUS STOP INFORMATION		
APROX. TIME	BUS STOP LOCATION	BUS
AM:		BUS # :
PM:		BUS # :

Kdg. Year Only: ____/____	5th Gr. ____/____ Final Elem. Year		
1st Gr. ____/____	2nd Gr. ____/____	3rd Gr. ____/____	4th Gr. ____/____

IMPORTANT INFORMATION REGARDING WAIVER REQUESTS

COMPLETED WAIVERS SUBMIT THESE FORMS DIRECTLY TO THE SCHOOL THAT YOUR CHILDS ATTENDS.
ELEMENTARY SCHOOLS (GR. 1-5) APPROVED WAIVERS WILL REMAIN ACTIVE UNTIL THEY MOVE TO GR. 6.
KINDERGARTEN AND SECONDARY SCHOOLS (GR. 6-12) WAIVERS ARE SUBMITTED EACH SCHOOL YEAR.
AFTER WAIVERS ARE PROCESSED YOU WILL BE NOTIFIED BY A STAFF MEMBER FROM YOUR CHILD'S SCHOOL.