

**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**

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

<b>TRANSPORTATION DESIGNEE'S SIGNATURE:</b> _____
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Kdg. Year Only: ____/____	5th Gr. ____/____ Final Elem. Year
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1st Gr. ____/____	2nd Gr. ____/____	3rd Gr. ____/____	4th Gr. ____/____
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**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.