

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.
 (AT LEAST ONE SHOULD BE CIRCLED 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 : _____

XXXXX FOR TRANSPORTATION OFFICE USE ONLY XXXXX

WAIVER RECEIVED:

WAIVER APPROVED:

YES

NO

START DATE: / /

(IF APPROVED)

ADDITIONAL COMMENTS: _____

NEW BUS STOP INFORMATION

APROX. TIME	BUS STOP LOCATION	BUS
AM:		BUS # :
PM:		BUS # :

Kdg. Year Only: ____/____ EXPIRES: ____/____

1st Gr. ____/____

2nd Gr. ____/____

3rd Gr. ____/____

4th Gr. ____/____

5th Gr. ____/____ EXPIRES: ____/____

TRANSPORTATION DESIGNEE'S SIGNATURE: _____

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.