

BOWEN'S BUS SERVICE, INC.

'TRANSPORTATION TO ALTERNATE LOCATION' FORM

Valid only for the 2017-2018 school year

Student will be eligible to ride after parents are contacted with bus transportation information

Form must be filled out completely

The legal responsibility of the District in transporting students to/from school is limited to providing services to their legal residence

The District policy for considering requests by parents to have their student(s) transported to alternate locations is as follows:

- All requests, including day care, must be made using the form below. Any changes to the pickup and/or drop-off locations during the course of the 2016-17 school year require that parents fill out another form. Once received by the bus service, requests may take up to two weeks to finalize. Please plan accordingly.
- One alternate location is allowed per child. Court-ordered situations will be reviewed separately, and proof of the court order may need to accompany your request. One change only in an eighteen-week period will be allowed. The Superintendent or his/her designee may consider changes under unusual or emergency situations.
- Parent/guardian may request transportation to a school outside of their resident attendance area; however, the bus will not deviate from its route to accommodate a request.

Student Name (1) _____ Grade _____ School _____
 (2) _____ Grade _____ School _____
 (3) _____ Grade _____ School _____
 (4) _____ Grade _____ School _____
 (5) _____ Grade _____ School _____

Primary Home Address: _____ Phone# _____

Alternate Location Information:

Requested Starting Date: _____ When: Pickup Drop-off Both Days: M T W T F

How Often: Every Day Every Other Week Varies Other: _____

Caregiver Name: _____

Caregiver Address: _____

Caregiver Phone #: _____

- Discontinue alternate transportation- Transport only to primary address
- Discontinue previous alternate transportation- Transport to above alternate location

Requested Starting Date: _____

Other info/comments: _____

Signature of Parent/Guardian _____ Date _____

Return completed form to: Bowen's Bus Service, Inc.
P.O. Box 43
McNaughton, WI 54543 (or Fax # - 715-362-3997)

Transportation Office Use Only

Approved _____ Denied _____

Bus # _____ Shuttle: A.M. ___ P.M. ___ Stop Location _____ Time of Pickup/Drop _____

Add to Route Sheets ___ Notified Driver ___ Informed Parent ___ Informed School ___ Date Notified _____