REQUEST FOR ALTERNATE BUSING School Year: _2021-2022

Purpose: Students who require busing from and/or to a daycare provider or other caregiver. <u>Please note that your request can only be accommodated if the alternate address is within your elementary school district and only if space is available.</u> We will not transport to more than one <u>alternate</u> caregiver.

Instructions: Please complete and return this form to your child's school.

Alternate bus forms must be submitted by Monday, August 23, 2021 to be honored starting on Thursday, September 2, 2021.

Student's Name:	First		Middl	9	Last	
School: Vogel-Wetmore School						
Parent/Legal Guardian:	First		Middl		Last	
Address:	Number		Street	City		Zip Code
Date:	Telephone #: (home)	(work)		Signature:		
If the following is a	location other than	the child's norm	nal residence, p	lease complete:		
☐ A.M. Pick-up Lo	ocation: Caregiver/Da	vcare Name				
Caregiver/Daycare Address						
	Caregiver/Da	ycare Telephone Number	r			
Check days to be picke	d up at above location:	☐ Monday	☐ Tuesday	☐ Wednesday	☐ Thursday	☐ Friday
		Bus Company	/ to Complete			
Bus/Ro	oute #:		:		_	
☐ P.M. Drop-off L	ocation: Caregiver/Da	ycare Name				
	Caregiver/Da	ycare Address				
		ycare Telephone Number				
Check days to be dropp	ped off at above location:	,	☐ Tuesday	☐ Wednesday	☐ Thursday	☐ Friday
Bus Company to Complete						
Bus/Ro	oute #:	_ Pick-up Location	i			
\ <u></u>						
School/Office Use Only: Date Form Received:						
Date Form Receive	d:					
Approved: Manager/Principal				Date: _		Business