

**REQUEST TO PROVIDE TRANSPORTATION
TO/FROM ALTERNATE/ CHILDCARE LOCATION**

Please forward completed form to:

Transportation Department, Shaler Area School District, 1800 Mt. Royal Blvd., Glenshaw, PA 15116

Fax: 412-492-1236

NOTE: TRANSPORTATION TO ALTERNATE STOPS WILL ONLY BE PROVIDED TO EXISTING STOPS ON EXISTING ROUTES WITHIN THE ATTENDANCE AREA OF THE ASSIGNED SCHOOL. TRANSPORTATION MAY TAKE UP TO 3 WORK DAYS TO BEGIN.

Student's Name _____ Grade Level _____

School Building _____ School Year _____

Home Address _____

Parent's Name _____ Phone Number (H) _____

Parent's Signature _____ Phone Number (W) _____

Caregiver's Name _____ Phone Number _____

Caregiver's Address _____

Current Bus # _____ Current Stop Location _____

Requested Bus # _____ Requested Stop Location (if known) _____

Transportation arrangement(s) to alternate stop(s) are for: **Parent(s) E-mail:** _____
(Check all that apply)

- _____ Morning transportation only (student will be bussed home in afternoon)
- _____ Afternoon transportation only (student will be bussed from home in morning)
- _____ Morning **and** afternoon to alternate stop
- _____ Early Dismissal days to alternate stop

- _____ Transportation needed to alternate stop **and** home stop

Requested Starting Date: _____ (New arrangements usually begin 48-72 hours after approval.)

Other information: _____

Reviewed by _____ Denied _____ Approved / Start Date _____ Info _____ School _____

Parent Notified: _____ VM _____ Email _____ Contacted _____ Reason for Denial: _____