

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

Please forward completed form to:

TRANSPORTATION DEPT, Shaler Area School District, 1800 Mt. Royal Blvd., Glenshaw, PA 15116

NOTE: ALTERNATE TRANSPORTATION WILL ONLY BE APPROVED USING EXISTING STOPS ON EXISTING ROUTES WITHIN THE ATTENDANCE AREA OF THE ASSIGNED SCHOOL AND TAKE UP TO 72 HRS 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: **E-mail :** _____

- _____ Morning transportation only (student will be bussed home in afternoon)
- _____ Afternoon transportation only (student will 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 _____ _____ Approved Start date _____ Info _____ School _____

Parent Notification _____ _____ Denied Reason _____