

Alternate Stop Transportation Request

PART 1 - Requestor

This form is to request transportation services to a location for the purpose of childcare. The location of the childcare provider must be a current registered stop or collection point where services occur most school days and can be reasonably accommodated on the existing bus service. The schedule must be consistent and predictable. Alterations to the route will not be approved.

Student Name: _____ Student ID Number: _____Acquired from the School

		Email Address		
Parents Requesting Stop:		Contact Numl	oer:	
School Attending:	Grade:	Transportation	Start Date:	20
Student still requires busing for their primary addr	ess:	Primary Ac	dress Bus Route N	Number:
I understand that this form must be completed for my child/children if there is no longer availal the host family no longer permits the service to the Spirit School Division at any time.	ble capacity on the bus	, if the alternate sto	op location is no lo	onger a registered stop o
Signature of Parent/ Guardian Kindergarten students must be met at their designated bus sonet by an adult without the waiver signed will be returned to	• •	•		•
Please allow the above kindergarten student	t to be dropped at the	cton without an ac	HIS TO MOST THOM	
Please allow the above kindergarten student Parent/ Legal Guardian Signature Parent 2 - Host Formily		-	uit to meet them.	
Parent/ Legal Guardian Signature Part 2 – Host Family I confirm that I have given approval to the above acknowledge responsbility for the child when the point. I am able to discontinue the service to	ve named family to acc ney are delivered to my	ess bus transporta care at my residen	tion services to/fr ce indicated belov	om our residence. I also v or associated collection
_	ve named family to acc ley are delivered to my to the family at any tir	ess bus transporta care at my residen ne by notifiying Pi	tion services to/fr ce indicated belov airie Spirit School	om our residence. I also v or associated collection I Division Transportation
Parent/ Legal Guardian Signature Part 2 – Host Family I confirm that I have given approval to the above acknowledge responsbility for the child when the point. I am able to discontinue the service to Department.	ve named family to acc ley are delivered to my o the family at any tir	ess bus transporta care at my residen ne by notifiying Pi Contact N	tion services to/fr ce indicated belov rairie Spirit School umber:	om our residence. I also v or associated collectior I Division Transportation
Parent/ Legal Guardian Signature Part 2 – Host Family I confirm that I have given approval to the above acknowledge responsbility for the child when the point. I am able to discontinue the service to Department. Host/Homeowner Name:	ve named family to acc ney are delivered to my to the family at any tir	ess bus transporta care at my residen ne by notifiying Pi Contact N	tion services to/fr ce indicated belov rairie Spirit School umber: Bus Route Numbe	om our residence. I also v or associated collection I Division Transportation

Please allow up to seven (7) business days to process and possibly longer in August, September & October.

Delays will occur if information is not legible and/or incomplete.