



Transportation Request Form

Date: _____ School: _____

Child's Name: _____ Child's Grade: _____

Home Address: _____

Alternate Location Request: If you require your child to have **ONE** pick up and/or drop off location (must be within the Tabernacle boundaries), different from your home address, due to child care please complete the section below. Please note that the alternate location must be for a Monday through Friday consistent basis:

AM Pickup only

PM Drop off only

Both AM and PM

Alternate Address:

Contact Person (at this location): _____

Contact Number (at this location): _____

PLEASE NOTE: Once you select this option, this will be your child's daily pickup and drop off schedule for the current school year. In order to make changes, you must resubmit a new request (using this form). Alternate transportation arrangements are made available as a courtesy, and only permissible when there is room on the bus.

Forms must be returned to the Main Office of your child's school

Please allow a minimum of 5 full business days for your information to be processed.

You should receive a new bus pass via mail with a Transportation start date.

Parent/Guardian Signature: _____

(Office Use Only)

Date rec'd: _____ Approved by: _____

Original Route # _____ New Route # _____

Date Approved: _____

Bus Pass Mailed: _____

