

School Year 2016 – 2017

(Must be completed annually)

ALTERNATIVE TRANSPORTATION REQUEST



SCHOOL _____ GRADE _____

STUDENT _____ HOME PHONE _____

I, _____ hereby authorize Regional School District #12 to pick-up and or drop-off my child at:

PICK-UP/DROP-OFF INFORMATION

NAME _____

ADDRESS _____

PHONE NUMBER _____

DAYS: _____ MON _____ TUES _____ WED _____ THUR _____ FRI

PLEASE CIRCLE WHETHER PICK UP OR DROP OFF: PICK UP DROP OFF

EFFECTIVE DATE _____ SCHOOL YEAR _____

I understand that the pick up and/or drop off address **MUST BE ON AN EXISTING BUS ROUTE** for the school year and **MUST BE IN MY CHILD'S PUBLIC SCHOOL ATTENDANCE AREA.** I will accept full responsibility for my child when he /she is at this address.

Please submit this authorization form to the main office at your child's school and allow 48 hours for the change in transportation to take effect. Due to examination of the bus route(s), possible required adjustment(s) of such routes, and communication of such change(s), this allotment of time will be required. The request will not be effective until approval is received from the central office.

If there is any change in this schedule, please notify the school or the central office directly, 860-868-6100.

SIGNATURE OF PARENT OR GAURDIAN

ADDRESS

DATE

****THIS FORM MUST BE COMPLETED ON AN ANNUAL BASIS FOR AUTHORIZATION TO CONTINUE FROM ONE YEAR TO THE NEXT.**

SCHOOL USE ONLY

BUS STOP _____ RTE# _____

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