

REQUEST FOR ALTERNATE ADDRESS BUSING

REV 05/24/2010

L'Anse Creuse Public Schools
TRANSPORTATION DEPARTMENT
Phone 586-783-6550 Fax 586-783-6558

2011-2012

Please fill out form completely. Failure to do so will delay processing. Complete one form for each school.
Students may not change bus stops without notification of approval from the Transportation Department
Please print

DATE: _____ SCHOOL: _____ PRESENT RUN # _____

STOP LOCATION: _____ (If known otherwise Transportation Department will determine)

The following criteria will be used to allow transportation from address other than resident address.

- ✓ The alternate address must be within the same school's attendance boundary
- ✓ The alternate stop must be **an existing stop on the bus run**
- ✓ The desired alternate bus run **cannot be within 10% of load capacity**
- ✓ Transportation eligibility is determined by the student's resident address
- ✓ If alternate address is within another school boundary school of choice policy will apply
- ✓ School of choice students must **use caregivers address as alternate for pick up and take home trips. Caregiver will be responsible for student to and from stop location**
- ✓ **Only one alternate address per student will be considered for approval**

Approved request will cause your child's assignment to change to the alternate address. If your child needs to change back to the home stop, you must complete alternate address form and mark revert to home address. All requests must be made (3) days prior to riding from the different stop. (PLEASE NOTE: Requests made at the beginning of the school year may require more processing time.)

Approvals will be given to student to take home within three days of request (except beginning of school year).

Students bus information will reflect Alternate Address

Transportation will contact parent/guardian if not approved.

I hereby request permission and accept responsibility for my/our child(ren) listed below to be granted the following transportation change for pick up and / or delivery.

NAME OF STUDENT (S): _____
If kindergartener, indicate a.m. / full day GRADE _____

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SIGNATURE OF PARENT /GUARDIAN: _____

HOME ADDRESS: _____ ZIP: _____

PHONE NUMBER WHERE YOU CAN BE REACHED DURING THE DAY: _____

REQUEST TRANSFER TO:

STOP LOCATION: _____ (If known otherwise Transportation Department will determine)

CAREGIVER'S NAME _____ ADDRESS _____ PHONE _____

CIRCLE DAYS AND TIME AT ALTERNATE ADDRESS
NON MARKED DAYS WILL INDICATE HOME ADDRESS

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM	AM	AM	AM	AM
NOON	NOON	NOON	NOON	NOON
PM	PM	PM	PM	PM

CHECK IF REQUESTING ALL TRANSPORTATION SERVICES TO REVERT TO HOME ADDRESS

*****OFFICE USE ONLY*****

New route # _____

Transfer Approved _____ Date _____ Effective _____ Authorized by _____

Comments _____

DISTRIBUTION 1.File _____ 2. Bus Driver _____ 3.School and copy sent home with student _____

Attach copy: (Edulog student report with transportation information)

NOTICE OF NONDISCRIMINATION. It is the policy of L'Anse Creuse Public Schools not to discriminate on the basis of race, color, religion, national origin or ancestry, gender, age, disability, height, weight or marital status in its programs, services, activities, or employment. Inquiries related to nondiscrimination policies should be directed to: Civil Rights Coordinator, Assistant Superintendent for Personnel, L'Anse Creuse Public Schools Administration, 36727 Jefferson, Harrison Township, MI 48045, (586) 783-6300. Nondiscrimination inquiries related to disability should be directed to: Section 504 Coordinator, Director for Special Education, (586) 783-6500.