L'Anse Creuse Public Schools TRANSPORTATION DEPARTMENT

Phone 586-783-6550 Fax 586-783-6558

2022-2023

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 .	DRESENT DIIN #
DATE:	SCHOOL:	PRESENT KUN #

The following criteria will be used to allow transportation from address other then 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

Date

Attach copy: (Edulog student report with transportation information)

Bus Driver_

New route #

DISTRIBUTION 1.File_

- ✓ 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.)

Please allow at least 3 days to process.

Students bus information will reflect Alternate Address.

Alternate Address will remain in effect until cancelled.

I hereby request permission change for pick up and / or			for my/our child(re	n) listed below to b	e granted the follow	ing transportation		
NAME OF STUD	ENT							
1,12,12 01 0102			If ECSE, indicate a.m. o	or p.m. session	GRADE			
	-		If ECSE, indicate a.m. o	or p.m. session	GRADE			
SIGNATURE OF	PARENT	'/GUARDIAN:_						
HOME ADDRESS:			ZIP:					
PHONE NUMBER W	HERE YOU	CAN BE REACHEI	DURING THE DAY:					
REQUEST TRANSFER	го:							
CAREGIVER'S NAME		A	DDRESS		PHONE			
STOP LOCATION:				(If known	otherwise Transportation D	Department will determine)		
CIRCLE DAYS AND TIME AT ALTERNATE ADDRESS NON MARKED DAYS WILL INDICATE HOME ADDRESS								
MON	NDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY			
	AM	AM	AM	AM	AM			
N	IOON	NOON	NOON	NOON	NOON			
	PM	PM	PM	PM	PM			
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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 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 Human Resources, Harry L. Wheeler Community Center and Administrative Offices, 24076 F. V. Pankow Blvd., Clinton Township, MI 48036, (586) 783-6300. Nondiscrimination inquiries related to disability should be directed to: Section 504 Coordinator, Director for Special Education, (586) 783-6500.

Authorized by

3.School and copy sent home with student

Effective ____