

MONROE PUBLIC SCHOOLS

ALTERNATE TRANSPORTATION REQUEST

Complete this form when a student will be transported to or from an address other than the home address. The student must maintain a regular schedule when requesting alternate transportation.

STUDENT NAME: _____ **SCHOOL:** _____ **GRADE:** _____

PARENT / GUARDIAN NAME: _____ **PHONE:** _____

STUDENT HOME ADDRESS: _____

HOME ADDRESS TRANSPORTATION:

BUS # _____ **PARENT TRANSPORT** **WALKING ZONE**

ADDRESS TO BE TRANSPORTED TO/FROM: _____

WHO RESIDES AT THIS ADDRESS: _____

RELATIONSHIP TO STUDENT: _____ **PHONE:** _____

My child will use this address for: AM pick up PM drop off Both AM & PM

***Students will be transported only to an address in the same school attendance area.

Reason for request:

Childcare Parenting Agreement Other (explain) _____

I understand and agree that the Monroe Public School Transportation Department reserves the right to revoke this request should behavior issues arise or the request results in the overcrowding of a bus.

Parent Signature: _____ Date: _____

OFFICE USE ONLY:

Approved **Bus #** _____ Denied / Reason _____

Driver Notified Entered on Google Sheet

Request reviewed by _____ Date _____