PETERS TOWNSHIP SCHOOL DISTRICT

ALTERNATIVE TRANSPORTATION FORM

The Peters Township School District understands the needs for alternative transportation arrangements and/or schedules. The District is willing to consider the request of parent(s)/guardian(s) who have specialized transportation needs for any number of valid reasons (ie) childcare, split custody agreements. Provided the following criteria are met.

- 1. Transportation is within the District Boundaries.
- 2. The established bus route does not have to be changed or extended.
- 3. An existing stop is in the area.
- 4. Students can have a different pick up than drop off assignment. The district recommends a consistency with alternative schedules to avoid confusion. Drivers are not responsible for individual student's schedule.
- 5. Request must be approved by the Transportation Director prior to being assigned to a route.

Student Name:	Grade Level:	_Building:	
Home Address:	City:	Zip Code: _	
Parent/Guardian:			
Contact Phone Number:			
Contact Email for notification of approval:			
Parent Signature:			
Requested Location for Pick-up or Drop-off:			
Name:	Phone #:		
Address:			
City:	Zip Code:		_
This Transportation Request is for:			
AM - Arrival only (student will be taken home on their scheduled PM bus - Monday - Friday).			
PM – Departure only (student will be picked up at home on their regular scheduled AM bus – Monday – Friday)			
Both Arrival and Departure – Monday	– Friday		
Other – Please specify below in detail the requested schedule for transportation.			
Effective Date Transportation is Needed:			_
(Please note changes in Transportation will tak	e at least 3-5 days)		
Reason for Specialized Transportation Request	::		
If your request is approved you will be notified (5) working days.	by email. Please allow	substantial time for your request	to be processed, at least five
Transportation Approval:			
Date Approved:			
Date Contacted:			