

**KEYSTONE LOCAL SCHOOLS
TRANSPORTATION REQUEST FORM**

Date Received _____

Dear Parent/Guardian,

In order for your child to be picked up/dropped off at a location other than your residence, this form must be completed and returned to your child's school or the Transportation Office.

CHILD'S NAME _____ PHONE _____

HOME ADDRESS _____ GRADE _____

PARENT/GUARDIAN NAME _____ WORK PHONE _____

ALTERNATE PICK UP/DROP OFF IS FOR:

_____ Before School _____ After School _____ Before & After School
Days to alternate address: _____ Mon. _____ Tues. _____ Wed. _____ Thur. _____ Fri. _____

ALTERNATE PICK UP/DROP OFF INFORMATION

CAREGIVER NAME _____ PHONE _____

ADDRESS _____

_____ APPROVED TO BEGIN _____ AM BUS # _____ PM BUS # _____
_____ DENIED _____

PLEASE NOTE:

1. ALL REQUESTS ARE FOR THE CURRENT SCHOOL YEAR ONLY.
2. Requests will be handled in the order received and will only be granted if there is room on the bus.
3. ROUTES **WILL NOT** BE CHANGED TO ACCOMMODATE REQUESTS.
4. Requests must be for a consistent schedule to the same addresses. Day to Day changes will not be allowed.
5. Five days notice must be given for requests/changes.
6. You will be notified of approval/disapproval within two weeks of receipt of request.
APPROVAL MAY BE WITHDRAWN IF BUS BECOMES TOO CROWDED.
7. Emergency request will be handled with a bus pass issued by the building principal.