ALTERNATE DESTINATION REQUESTS — RSU 16

Section 1: Student Information

Student Name: _____

School _____ Grade: _____

Homeroom Teacher: _____

Current Assigned Bus Number: _____

Section 2: Alternate Transportation Request

Date of Requested Ride: _____

Requested Bus or Vehicle Number: _____ ☐ AM ☐ PM or ☐ BOTH

Destination Address: _____

Reason for Request: _____

Section 3: Parent/Guardian Authorization

I, the undersigned parent/guardian of the above-named student, request permission for my child to ride a bus other than the one to which they are assigned. I understand that this request must be submitted ***at least 48 hours in advance*** *to ensure proper planning and safety protocols.*

Parent/Guardian Name: _____

Parent/Guardian Phone: _____

Guardian's Name at Alternate Destination: _____

Destination Phone Number: _____

Parent/Guardian Signature: _____ Date Submitted: _____

(For office use only)

Space available on the requested vehicle: YES NO

Driver Name: _____ Driver Notified? YES NO

School Notified of Vehicle Change: YES NO

Request approved by administration: YES NO

Reason for Denial: _____

Administrator Name: _____

Signature: _____

Date Approved: _____