

LOCAL SCHOOL

Student Transportation Change Request

All students are bused to designated stops which are their home addresses except for the cluster stop in Farmington Village at the Township Park.

1. However, should you have a need for a "long-term" change - you may request such. The request will be approved only after reviewing seat availability and the location of the stop for route driving time.
2. All changes have to be for the same consistent locations.
3. Based on seating availability, it is possible to request a pick-up on one bus route and a drop-off on another provided there are seats available and it is the same everyday.
4. There will be no "temporary bus passes" or a "day pass" issued to go to/from school on a different bus than assigned nor to a different stop on the everyday route. **If students need to go someplace different before or after school, parents are to make their own transportation arrangements.**
5. Only one address change per student per school year will be granted based on seating availability.
6. You must allow for two (2) school days for your request to be reviewed before a decision will be rendered.

QUICK CHECK

1. All changes are based on seating availability and route time. Only yearly bus passes will be issued.
2. All changes have to be at same consistent stop.
3. All requests will have to be signed and sent in two (2) school days in advance.
4. No daily or temporary short-term bus passes will be granted.
5. Only one permanent change per year will be considered.

BRISTOL LOCAL SCHOOL
Alternate Transportation Request
2015 - 2016

Parent _____

I am the custodial parent/guardian

Home Address _____ Home Phone _____

Student Name _____ Grade _____
First and Last Name

Student Name _____ Grade _____
First and Last Name

Student Name _____ Grade _____
First and Last Name

Directions: Check the appropriate box and complete the alternate information.

Pick Up & Drop Off at _____ Phone _____

All 5 days

Name of Person Responsible: _____ Phone _____

Pick Up ONLY at: _____ Phone _____

All 5 days

Name of Person Responsible: _____ Phone _____

Drop off ONLY at: _____

Phone _____

All 5 days

Name of Person Responsible: _____ Phone _____

Parent/ Guardian Signature

Date