Hartland Schools Transportation Department 9525 E. Highland Road, Howell, MI 48843 (810) 626-2175 Fax (810) 626-2176

ALTERNATE DESTINATION REQUEST FORM 2015/2016

Student's Name			D	ate	
School	Grade				
Mothers Name		Fathers Name			
Home Address					
Home Phone #	Mother's Work Phone #		Father's	s Work one #	
	Cell Phone#		Cell Phon	e#	
Name of Daycare Prov	ider/Responsible adult				
Address of Daycare Pro	ovider/Alternate location				
Phone # of Daycare Pro	ovider/Alternate location				
scheduled ½ days of s locations in their own added. A <u>new form</u> n stop for the new school in advance. **Note** Requests a Priority is given to stu	nust be submitted annually to	ndents can only ntly being used the transportation tests or changes availability an	be assigned to by other stude on office by <u>Ju</u> must be submi	activated universal bus stop nts, additional stops will not be ly 1 st to request an alternate bus itted for approval at least 48 hours celled if necessary.	
A.M. Everyday Pick-U	Jp Location				
P.M. Everyday Drop-0	Off Location				
Effective Date					
Parent Signature					
**************************************		*******		************	
AM Driver	Bus #	Driver	Poly Plot	School	
PM Driver	Bus #	File			

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