Hartland Schools Transportation Department 9525 E. Highland Road, Howell, MI 48843

(810) 626-2175 Fax (810) 626-2176

ALTERNATE DESTINATION REQUEST FORM 2019/2020

Student's Name		Date			
School	Grade				
Mother's Name	r's Name Father's Name				
Home Address					
Home Phone #	Mother's Work Phone #		Father's		
	Cell Phone#		Cell Phone	e#	
Name of Daycare Providence	der/Responsible adult				
Address of Daycare Pro	vider/Alternate location				
Phone # of Daycare Pro	vider/Alternate location				
school for the entire dis attendance area that a be <u>submitted annually</u> After July 1 st , new requ **Note** Requests an Priority is given to stud	orning and ride to the same locatrict. Students can only be as re currently being used by oth to the transportation office by lests or changes must be submare only approved upon spacedents living in the route area of the to offer other options.	signed to activa er students, add y <u>July 1st</u> to red itted for approve availability a	ated universal buditional stops with the properties of the propert	Is stop locations in Il not be added. A e bus stop for the pours in advance. celled if necessary	n their own n new form must new school year.
A.M. Everyday Pick-U	p Location				
P.M. Everyday Drop-O	off Location				
Effective Date					
Parent Signature					
**************************************	**************************************	******		******	
AM Driver	Bus #	Driver	Poly Plot	School	

PM Driver ______ Bus # _____ File _____