

**Hartland Consolidated Schools Transportation Department**

9525 E. Highland Road, Howell, MI 48843

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

**Alternate Destination Request Form  
2012/2013**

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Mothers Name \_\_\_\_\_ Fathers Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Mother's Work Phone # \_\_\_\_\_ Father's Work Phone # \_\_\_\_\_

Cell Phone# \_\_\_\_\_ Cell Phone# \_\_\_\_\_

Name of Daycare Provider/Responsible adult \_\_\_\_\_

Address of Daycare Provider/Alternate location \_\_\_\_\_

Phone # of Daycare Provider/Alternate location \_\_\_\_\_

Approval of this request allows students to be picked up and dropped off at a location other than the bus stop nearest their home address. Students may be assigned to one alternate bus stop for pick-up and drop off (Monday through Friday, or they can have one bus for morning and a different one for afternoon. Both choices must be a 5 day a week arrangement only. If you choose different stops for morning and afternoon, students must ride from the same location every morning and ride to the same location every evening, with the exception of scheduled 1/2 days of school for the entire district. Students can only be assigned to activated universal bus stop locations in their own attendance area that are currently being used by other students, additional stops will not be added. A **new form** must be **submitted annually** to the transportation office by **July 1<sup>st</sup>** to request an alternate bus stop for the new school year. After July 1<sup>st</sup>, new requests or changes must be submitted for approval at least 48 hours in advance.

**\*\*Note\*\* Requests are only approved upon space availability and may be cancelled if necessary.**

**Priority is given to students living in the route area of the bus. Should this be necessary, the transportation department may be able to offer other options.**

A.M. **Everyday** Pick-Up Location \_\_\_\_\_

P.M. **Everyday** Drop-Off Location \_\_\_\_\_

Effective Date \_\_\_\_\_

Parent Signature \_\_\_\_\_

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Transportation Department Use "Only" \_\_\_\_\_ Process Date \_\_\_\_\_

AM Driver \_\_\_\_\_ Bus # \_\_\_\_\_ Driver \_\_\_\_\_ Poly Plot \_\_\_\_\_ School \_\_\_\_\_

PM Driver \_\_\_\_\_ Bus # \_\_\_\_\_ File \_\_\_\_\_