

Hartland Schools Transportation Department

9525 E. Highland Rd. Howell, MI 48843

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

BUS ASSIGNMENT FORM - SCHOOL OF CHOICE 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 # _____

Responsible adult at stop location (if applicable) _____

Phone # _____

All students will be assigned to **one bus stop**. The **same** location must be used for pick-up and drop off. School of Choice students will only be assigned to a bus stop that currently has in-district students actively using it. At any point when in-district students no longer use the assigned stop, School of Choice students will no longer be able to use that location and will need to be re-assigned to a different bus stop. Parents or designee **must be present** at the assigned bus stop before and after school unless permission in writing is on file at the transportation office.

****Note** Requests are only approved upon bus space availability and may be cancelled at any time.** Priority for space availability is given to in-district students living in the route area of the bus. It may become necessary to revoke alternate destination approval if space becomes limited. Should this be necessary, the transportation department may be able to offer other options. Changes to this arrangement must be submitted for approval at least 48 hours in advance.

A **new form** must be completed **annually** and given to the transportation office by July 1st if enrolling for the first semester and January 14th if enrolling for the second semester.

Stop Location _____

Effective Date _____

Parent Signature _____

Transportation Department Use "ONLY"

Process Date _____

AM Driver _____ Bus # _____ Driver _____ Poly Plot _____ School _____

PM Driver _____ Bus # _____ File _____