

Request For Transportation To/From An Alternate Site

MAES / MVA

For School Year -- 2016-17

HOME INFORMATION

Student(s) _____ Grade _____

Parent/Guardian _____ Telephone _____

Address _____ Bus # _____

Signature of
Parent/Guardian _____ Date _____

Current pick-up address in morning _____

Current discharge address after school _____

Fill out the section below that applies to your request.

MORNING ROUTE (Use this section if your request pertains to the morning bus route.)

Address of new pick-up site _____

Name of adult at this site _____

Their telephone number _____

Effective date of change _____

Change affects which days of the week (circle all that apply) -- M T W Th F

AFTERNOON ROUTE (Use this section if your request pertains to the after-school route.)

Address of new discharge site _____

Name of adult at this site _____

Their telephone number _____

Effective date of change _____

Change affects which days of the week (circle all that apply) -- M T W Th F

**These changes will be in effect for the ENTIRE school year
unless another form is filed.**

Signature from Fischer Bus _____ New Bus # _____