## Request For Transportation To/From An Alternate Site Marathon School District

## **HOME INFORMATION** Student(s) Grade(s) Parent/Guardian \_\_\_\_\_ Telephone #\_\_\_\_\_ Address \_\_\_\_\_ Bus # Signature of Parent/Guardian Date Current pick-up address before school 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 $\mathbf{W}$ Th F **AFTERNOON ROUTE** (Use this section if your request pertains to the after-school route.) Address of new drop-off 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 of Principal/Secretary\_\_\_\_\_\_\_ Date\_\_\_\_\_ Signature from Fischer Bus\_\_\_\_\_\_ Date\_\_\_\_\_

New Bus #