



Dublin City School District

Operations
8600 F1
Revised 7/18/12
English

Alternative Transportation Request

- An alternative transportation request may be approved to accommodate childcare arrangements or emergencies that may arise during the school year.
- This bus transfer request only applies to a request from within the school's attendance area and will be approved based on space availability.
- Students are permitted one alternate address.
- Allow up to two weeks for processing.
- **You must receive notification of approval from the Transportation Office before these changes take effect.**

Student's name _____ Grade _____
 Address _____ Pre-K/Kdg. AM PM
 Name of Parent _____ Phone _____
 Parent email _____ 2nd Phone: _____
 School _____

Reason for Request:

- Babysitter/daycare (must be within attending school's attendance area)
- Shared parenting
- Intradistrict transfer approved; requesting the nearest bus stop within the transportation eligibility area.
- Student does not live in the transportation eligibility area. This request will be processed after the official load counts in October in order to verify that space is available on the bus for additional students.

Name of Childcare Provider _____
 Address _____ Phone _____

The parent or guardian hereby assumes responsibility for the dependability and reliability of the childcare provider. If the student is eligible for transportation, the parent/guardian grants consent to the school officials to pick up or drop off a student at the alternate location by signing below. The Board of Education assumes liability for a student only while they are on the bus. The Board of Education does not assume liability for a student prior to boarding the bus or after being dismissed from the bus at the designated location. **Parents are responsible for ensuring the safe passage of their children to and from the bus stop.**

Please indicate with an "X" which days you are requesting transportation to the alternate address.

	Monday	Tuesday	Wednesday	Thursday	Friday
Pick up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drop off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Parent/Guardian _____ Date _____

For office use only Approved Disapproved

Transportation Supervisor _____ Date _____

Pick up: Bus # _____ Day/Time _____ Stop _____
 Drop off: Bus # _____ Day/Time _____ Stop _____
 Pick up: Bus # _____ Day/Time _____ Stop _____
 Drop off: Bus # _____ Day/Time _____ Stop _____

FAX to : 760-4517