



# Sandusky City Schools

1304 Filmore Street, Sandusky, OH 44870-4666 • 419-984-1330 • www.scs-k12.net

## Transportation Department

### Alternate Transportation Request Form

This form must be completed and submitted to the school office by all parents/guardians needing transportation service to an alternate care provider, other than the student's residence. Schools will be notified when the request has been approved. Please submit 5 business days in advance for approval.

Please note: WE DO NOT TRANSPORT TO DAY CARE FACILITIES

**[PLEASE PRINT]**

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Parent/Guardian Cell Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Requested Effective Date: \_\_\_\_\_

Alternate Care Provider's Name: \_\_\_\_\_

Alternate Care Provider's Address: \_\_\_\_\_

Alternate Care Provider's Home Phone: \_\_\_\_\_ Provider's Cell Phone: \_\_\_\_\_

Request for: AM pick up \_\_\_\_\_ PM drop off \_\_\_\_\_ Both AM & PM \_\_\_\_\_

- Requests will be considered on a space available/five days per week basis.
- All requests must be for every AM pickup and/or every PM drop off.
- The alternate address must be within the current school attendance area and deemed eligible for transportation.
- Students will be bused to the closest available bus stop to the alternate care provider's address.
- This busing request will remain in effect until the end of the school year, any alternate requests will be deleted at that time. Requests must be made annually for the current school year.

**NOTE:** Requests are not effective until approval is granted by Transportation Department Supervisor. Please submit 5 business days in advance for approval and scheduling.

Any questions regarding this form, please contact your child's school or the Transportation Department at 419-984-1330.

**SCHOOL SECRETARY:**

Please mark date received and scanned/emailed copy to the Transportation Department. \_\_\_\_\_

**Transportation Department:** Date Received in the Transformation Department: \_\_\_\_\_

Transportation Supervisor Signature: \_\_\_\_\_ Approval Date: \_\_\_\_\_

Not approved: Date \_\_\_\_\_ and Reason: \_\_\_\_\_