

ROSSFORD EXEMPTED VILLAGE SCHOOLS

ALTERNATE TRANSPORTATION FORM

Date: _____

**ALTERNATE TRANSPORTATION WILL NOT BEGIN UNTIL APPROVAL FROM
TRANSPORTATION IS RECEIVED**

Student School _____

Student Name _____ Grade _____

Home Address _____

Parent / Guardian Phone _____

Work Phone _____

Alternate Residence Name _____

Address _____

Phone _____

- Reason: Please mark appropriate box:
- A.M. only
 - P.M. only
 - Both A.M. and P.M.
 - Noon only

Dates transportation is to occur -- From _____ To _____

Parent or Guardian Signature _____

Approval will depend on alternate residence being located on existing bus route for current school year and availability of space on the bus.

This section for transportation department only

	A.M.	Noon	P.M.
Bus Assigned No.	_____	_____	_____
Alternate Bus No.	_____	_____	_____

Approval Signature _____

Transportation Supervisor

(White, bus supervisor; yellow, school; pink, parent; gold, administration office)