

**REQUEST FOR TRANSPORTATION
ALTERNATE STOP WAIVER
(Special Education Buses)**

An alternate stop may be requested for a student to get on/off at a different stop on **his/her assigned bus if the following conditions are met.**

- The student's assigned bus **will not** be changed or the route altered in a way that significantly impacts time on bus for other students.
- A genuine hardship must exist and there must be reasonable assurance that provisions are made for the safety of the student.
- The request for a waiver must be made in writing by the parent/guardian at the school and made on a permanent basis, not subject to constant or frequent changes.
- The principal is the designated authority to evaluate and approve or deny the request based on stated need. **Transportation Supervisor must review request prior to approval.**

Student Name _____

School _____ **Grade** _____

Current Address _____

Alternate Stop Address Requested for Pick Up

Person Responsible at This Address _____

Phone Number _____

Alternate Stop Address Requested for Drop Off

Person Responsible at This Address _____

Phone Number _____

***I understand that this waiver, if granted, will remain in effect for the remainder of the current school year as long as qualifying conditions exist. ***

Parent/Guardian Signature _____

Date _____

____ Approved

____ Not Approved

Principal Signature _____

Date _____

FORWARD ONE COPY TO THE DEPARTMENT OF TRANSPORTATION