

**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 students **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 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 exists.\*\**

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

Date \_\_\_\_\_

\_\_\_\_ Approved

\_\_\_\_ Not Approved

Principal Signature \_\_\_\_\_

Date \_\_\_\_\_

**FORWARD ONE COPY TO THE DEPARTMENT OF TRANSPORTATION**