Exeter Township School District Transportation Department Request for Alternate School Bus Stop

Submit this form by July 31 for the next school year or 3 days before requested change date

Requests must be permanent arrangements for the entire week. 'As Needed' transportation cannot be set up. Students may only have 1 (one) AM and 1 (one) PM stop. They may be different.

Name:			Grade	<u>:</u>
School:				_
Parent/Guardian:				
Home Address:				
Home Phone:			Cell:	
Reason For Alternate	School Bus Stop:	Childcare	Dual Cus	
Childcare Provider/Dual Custody Parent:		Dual Custody Agreement must be		
Address:				
Phone Numbers:				
I am Requesting	one of the followin	g Alternate So	chool Bus Stop Op	tions:
Afteroon (PM) A Transportation Please See Dua Dual Cu Effective Date for Rec Parent/Guardian Signa I understand that my re will require a new rec the effective date. I	ature:equest for an alterna	te stop is consi	dered permanent, aum of three (3) day	any change s prior to lace the
	For Transmission I		Oak	_
Student Number:	For Transportation I	Department Use Approved	•	No
AM Route:	Bus #:	Time:		_
PM Route:	Bus #:	Time:		_