

BOWEN'S BUS SERVICE, INC.

ALTERNATE TRANSPORTATION FORM

Valid for the 2018-19 school year only.

Student will be eligible to ride after parents are contacted (either by phone or postcard) with bus information. Form must be filled out completely

The legal responsibility of the District in transporting students to/from school is limited to providing services to their legal residence.

Return completed form to: Bowen's Bus Service, Inc. Mail: P.O. Box 43 McNaughton, WI 54543 Email: school@bowensbusinc.com Fax: 715-362-3997

Student Name (1) _____ Grade _____ School _____ (2) _____ Grade _____ School _____ (3) _____ Grade _____ School _____ (4) _____ Grade _____ School _____ (5) _____ Grade _____ School _____

Primary Home Address: _____ Phone# _____

Alternate Location Information:

Requested Starting Date: _____ When: Pickup Drop-off Both Days: M T W T F

How Often: Every Day Every Other Week Varies Other: _____

Caregiver Name: _____

Caregiver Address: _____

Caregiver Phone #: _____

- Discontinue alternate transportation- Transport only to primary address
Discontinue previous alternate transportation- Transport to above alternate location
Requested Starting Date: _____

Other info/comments: _____

The District policy for considering requests by parents to have their student(s) transported to alternate locations is as follows:

- All requests, including day care, must be made using the form below. Any changes to the pickup and/or drop-off locations during the course of the 2016-17 school year require that parents fill out another form. Once received by the bus service, requests may take up to two weeks to finalize. Please plan accordingly.
One alternate location is allowed per child. Court-ordered situations will be reviewed separately, and proof of the court order may need to accompany your request. One change only in an eighteen-week period will be allowed. The Superintendent or his/her designee may consider changes under unusual or emergency situations.
Parent/guardian may request transportation to a school outside of their resident attendance area; however, the bus will not deviate from its route to accommodate a request.

Parents Signature _____ Date _____

Parent is responsible for transporting student until contacted by the bus company with busing information. This could take up to 2 weeks.

Transportation Office Use Only

Approved _____ Denied _____ Reason (if denied) _____

Bus #: _____ Shuttle AM: _____ PM: _____ Stop Location _____ Pick-Up Time: _____ Drop off Time: _____

Added to route sheets _____ Notified Driver _____ Informed Parent _____ Informed School _____ Date Notified _____