

20__-20__ Mt. Healthy/Petermann Transportation Request

This form will override any previous transportation request.

Please allow transportation at least three business days for the request to be filled.

Please Print

Student Name: _____ _____ _____ School:

Parent/Guardian Name: _____ _____ Phone: ____-____ _____ Home Address:
--

Alternate Address / Caregiver Address

<p>Use This Box <u>Only</u> For Alternative Request. All fields MUST be filled out completely in order to process.</p> <p><i>Alternate address will be applied to all five days of the week.</i></p> <p><i>All Alternative Address Must Be Within Transportation Limits Of The School To Which You Are Assigned</i></p> <p>Pick-up Address: _____ Zip: _____</p> <p>Drop-off Address: _____ Zip: _____</p> <p>Caregiver Contact Name: _____ Phone: _____</p> <p>Additional Information: _____</p>
--

*I have been advised that **at least 72 hours** are required to process this request.

*This request is valid for the current school year only. A new request is required each year.

*Request may be denied due to incomplete/illegible/incorrect information, ineligibility, bus loads, history of student discipline, or number/frequency of alternate stop requests.

***Please contact your school of attendance for updated bus information.**

Parent/Guardian Signature _____ Date _____

This document must be emailed to transportation directly from the school office.