

**CHILD CARE/ALTERNATE CUSTODY BUSING INFORMATION**  
**THIS INFORMATION MUST BE PROVIDED TO THE SCHOOL YOUR CHILD ATTENDS EACH SCHOOL YEAR. ALL GUIDELINES CONCERNING ALTERNATIVE BUS STOPS ARE AVAILABLE ON THE DISTRICT'S WEB PAGE.**

**STUDENT(S) INFORMATION**

**DATE:** \_\_\_\_\_

STUDENT NAME(S): \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

MAIN PHONE NUMBER: \_\_\_\_\_ WORK: \_\_\_\_\_

SCHOOL ATTENDING: \_\_\_\_\_

GRADE(S): \_\_\_\_\_

**PLEASE INDICATE THE TIME AND DAY THE ALTERNATE REQUEST IS FOR:**

**AM PICKUP:**

MONDAY \_\_\_\_\_ TUESDAY \_\_\_\_\_ WEDNESDAY \_\_\_\_\_ THURSDAY \_\_\_\_\_ FRIDAY \_\_\_\_\_

**PM DROP:**

MONDAY \_\_\_\_\_ TUESDAY \_\_\_\_\_ WEDNESDAY \_\_\_\_\_ THURSDAY \_\_\_\_\_ FRIDAY \_\_\_\_\_

**CHILD CARE/ALTERNATIVE STOP INFORMATION:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MAIN PHONE: \_\_\_\_\_ EMERGENCY PHONE: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

**THE PARENT OF ANY CHILD THAT IS NOT USING THE REGULAR SCHOOL BUS TO AND FROM HOME EVERY DAY OF THE WEEK SHOULD BE COMPLETING THIS FORM EACH YEAR AND RETURNING IT TO THE ATTENDING SCHOOL OFFICE.**

