

**Benjamin School District No. 25**  
**Student Bus Drop Off**  
**At Location Different Than Home**

**This form is to be completed when a parent/guardian requests that his/her child/ward be dropped off at a location different than home over a period of time.**

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Your Name \_\_\_\_\_ Student's Name \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip Code

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Drop Off Information:**

Drop Off Address \_\_\_\_\_  
Street City State Zip Code

Time Period Length \_\_\_\_\_

Reason for Request \_\_\_\_\_  
\_\_\_\_\_

**Criteria for Approval:**

- Request is in the best interest of the student, parent and school District
- Student's behavior on the bus is appropriate
- The approval of request would not cause overcrowding on the bus
- Approval is only for the time period length requested
- Approval does not guarantee approval for the next school year
- If parent/guardian is meeting child/ward in the Evergreen School parking lot, parent must be on time on a consistent basis

**Signed:**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return completed form to a school's office or to the Administration Service Center**

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For Office Use Only

**Request Approved**

Superintendent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Request Denied**

Reason \_\_\_\_\_

Superintendent's Signature \_\_\_\_\_ Date: \_\_\_\_\_