

# Alternate Bus Stop Form

Clio Area Schools

Transportation Department

PH: (810) 591-0310

Return Fax # (810) 591-8141

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

**\*\*\*\* This form must be completed and returned to the Transportation Department at least 24 hours before any changes can be made.\*\*\*\***

## Home Address Information

Address \_\_\_\_\_ Phone \_\_\_\_\_

Circle Days for home address:

Pick Up      Mon    Tue    Wed    Thur    Fri      Bus# \_\_\_\_\_ Color \_\_\_\_\_

Take Home      Mon    Tue    Wed    Thur    Fri      Bus# \_\_\_\_\_ Color \_\_\_\_\_

**\*\*Students are only allowed two bus stop addresses per school year\*\***

## Alternate (Babysitter) Address Information

Address \_\_\_\_\_ Phone \_\_\_\_\_

Circle Days for alternate (babysitter) address:

Pick Up      Mon    Tue    Wed    Thur    Fri      Bus# \_\_\_\_\_ Color \_\_\_\_\_

Take Home      Mon    Tue    Wed    Thur    Fri      Bus# \_\_\_\_\_ Color \_\_\_\_\_

Day & Date to take effect: \_\_\_\_\_ Parent Signature \_\_\_\_\_