

ALTERNATE TRANSPORTATION REQUEST

Request for Student to Ride Bus Other Than Assigned Bus
2016-17

TODAY'S DATE _____

STUDENT NAME _____

SCHOOL _____ GRADE _____

BUS # STUDENT WOULD NORMALLY RIDE: _____

CURRENT ADDRESS: _____

BUS # REQUESTING TO RIDE: _____

AT ADDRESS OF STOP (MUST INCLUDE HOUSE #): _____

DAYS THE STUDENT WILL BE RIDING THE REQUESTED BUS:

JUSTIFICATION:

PARENT / GUARDIAN SIGNATURE _____

PARENT / GUARDIAN PHONE NUMBER _____

IF YOU HAVE ANY QUESTION, PLEASE CONTACT THE TRANSPORTATION
DEPARTMENT AT 781-2114

PLEASE MAIL TO:

SAINT MARYS AREA SCHOOL DISTRICT
TRANSPORTATION DEPT
977 SOUTH SAINT MARYS RD
SAINT MARYS, PA 15857

OR FAX TO:

TRANSPORTATION DEPT
781-2190