

# ALTERNATE TRANSPORTATION REQUEST

Request for Student to Ride Bus Other Than Assigned Bus

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