

**BUS EXCEPTION – NO CHANGES TO SCHEDULE**  
(same schedule Monday – Friday)

**PLEASE READ!!** This form is to be completely filled out every school year for **each** student who will be picked up and/or dropped off at any location other than their home address.  
**Arrangements will not take effect until this request has been processed by the District Operations Office.**  
**Please note that upon consideration not all requests may be accommodated.**

Student's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Phone: \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Mother: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Alt. # \_\_\_\_\_

Father: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Alt. # \_\_\_\_\_

**Emergency Contacts**

Name: \_\_\_\_\_ Phone \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Phone \_\_\_\_\_ Cell: \_\_\_\_\_

**Pick Up and/or Drop Off Location**

Daycare: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Please circle one:**

**Monday - Friday**  
**Pick up and Drop off**

**Monday - Friday**  
**Pick up only**

**Monday - Friday**  
**Drop off only**

**Arrangements must be for every day Monday through Friday ONLY (No daily or weekly changes), otherwise you must complete the Changing Schedule Form and call 654-3433 to report the exception.**

\_\_\_\_\_  
**Signature\*\***

\_\_\_\_\_  
**Date**

**\*\*This form must be completed and signed by child's Parent or Legal Guardian\*\***

Upon completion, return this to: Airport Schools District Operations Office, 11270 Grafton Rd., Carleton, MI 48117

**FOR OFFICE USE**

Date Received: \_\_\_\_\_ By: \_\_\_\_\_ Bus IN: \_\_\_\_\_ Bus OUT: \_\_\_\_\_

P/U Time: \_\_\_\_\_ D/O Time: \_\_\_\_\_

Effective date: \_\_\_\_\_ PLACE: \_\_\_\_\_ PLACE: \_\_\_\_\_

Transfer bus (if any): \_\_\_\_\_