

ALTERNATE BUS STOP FORM

PLEASE PRINT

Student Legal Name: _____ Grade: _____

Home Address: _____

Parent/Guardian Name: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

PLEASE CHOOSE ONLY ONE OF THE FOLLOWING

1. **PICK-UP** will be at the following **DAYCARE/SITTER** with **DROP-OFF** at **HOME**

Daycare/Sitter Name: _____ Phone: _____

Daycare/Sitter Address: _____

2. **PICK-UP** will be at **HOME** with the **DROP-OFF** at the following **DAYCARE/SITTER**

Daycare/Sitter Name: _____ Phone: _____

Daycare/Sitter Address: _____

3. **PICK-UP** and **DROP-OFF** at the following **DAYCARE/SITTER**

Daycare/Sitter Name: _____ Phone: _____

Daycare/Sitter Address: _____

If approved, I understand that the child listed above will be picked up and dropped off at the requested above Alternate Stop Address **until I request, in writing, for this service to end.** I understand the Sparta Board of Education reserves the right to deny this request if the location of the stop is inconsistent with the rules and regulations fact sheet. **THIS SERVICE MUST BE 5 DAYS PER WEEK.**

Signature (Parent/Legal Guardian) _____ Date: _____

Date received in office _____