ALTERNATIVE TRANSPORTATION SCHEDULE REQUEST FORM
NEWTON FALLS EXEMPTED VILLAGE SCHOOL DISTRICT

Phone Number: (330)872-7295 *** Fax Number: (330) 872-3351

This application must be filled out and submitted to the Transportation Office for approval and processing if your child is to be picked up or dropped off at an address other than their legal residence within the Newton Falls School District. Please allow **THREE (3)** school days to process the request from the time it is received by the Transportation Office. *Availability of seats is on a first come, first served basis.* The student will be transported to and from their alternate bus stop or to and from home once this form is approved and processed. Students may be required to walk to a collection point. You **MUST** notify the Transportation Office at least **TWO (2)** days in advance to cancel the alternative transportation schedule. Your student will go back to being transported solely to and from home and school. You may have only **ONE (1)** alternate location and the request must remain the same for every week. This form is only good for the present school year **(EXCEPT IN EMERGENCY SITUATIONS).**

PLEASE PRINT

STUDENT'S LEGAL NAME: _____ GRADE:_____

HOME ADDRESS:_____

PARENT/GUARDIAN NAME:_____PHONE:_____WORK:_____
(Where you can be reached in case of emergency)

ALTERNATE LOCATION: _____
NAME OF RESPONSIBLE ADULT ADDRESS PHONE NUMBER

Parents of the child will assume all responsibility for the child when such a request is made and granted.

	WEEKLY
PICK UP	**HOME / ALT.**
DROP OFF	**HOME / ALT.**

As of the 2015-2016 school year, we will only be accepting Alternative Schedule Requests for a WEEKLY BASIS. Daily Alternative Schedules will NO LONGER be accepted. If there is an Alternative Schedule that is Court Ordered that requires a different schedule, please contact Supervisor Terri Pigg by phone at (330)872-7295 or by email at piggt@nfschools.org. Make sure the box is filled in by circling either HOME or ALT. and that the starting date complies with policy. Incomplete forms MAY delay the start of the alternative transportation request.

_____ _____ _____ _____
Signature (Parent or Guardian) Today's Date Date to START

OFFICE USE ONLY:

REQUEST IS: Approved_____ Denied_____ Bus #:_____AM Bus #:_____PM

REQUEST IS FOR COURT ORDERED SHARED PARENTING: YES/NO

Transportation Coordinator:_____

COPY TO: Bus Driver, School Office, Teacher, and Transportation file (original)