

Joseph Badger School District
Request for Alternative Busing

Children will be bused to and from their **HOME ADDRESS unless this form is completed**. If your child will be riding the bus to and from his/her home address **DO NOT COMPLETE THIS FORM**.

The following guidelines are provided for students who will **NOT** be riding the school bus to and/or from their home address. This form needs to be filled out each school year.

If you need alternative busing, a "REQUEST FOR ALTERNATIVE BUSING" form below needs completed and filed in the Transportation Office at 7119 State Route 7, Kinsman Ohio 44428.

If circumstances change during the school year, a new "REQUEST FOR ALTERNATIVE BUSING" must be filed with the Transportation Office and approved by the Principal.

Thank you for your assistance in helping keep your children safe. Questions should be directed to the Transportation Office at 330-876-2810.

ALTERNATIVE BUS REQUESTS WILL BECOME EFFECTIVE 48 HOURS AFTER THIS FORM HAS BEEN RETURNED TO THE TRANSPORTATION OFFICE AT 7119 STATE ROUTE 7 KINSMAN OHIO 44428

Parent Signature _____
I am the custodial parent/guardian

Date _____

Home Address _____

Home Phone _____

Student Name _____
first and last name

Grade _____

Student Name _____
first and last name

Grade _____

Student Name _____
first and last name

Grade _____

Directions: Check the appropriate box and complete the alternative information. If "other," please provide the alternative address and phone number.

Pick Up & Drop Off at _____ Phone: _____
1 Alternative Address – Monday thru Friday *Alternative Phone*
 Name of Person Responsible: _____ Relationship: _____

Pick Up at _____ Phone: _____
1 Alternative Address – Monday thru Friday *Alternative Phone*
 Name of Person Responsible: _____ Relationship: _____

Drop Off at _____ Phone: _____
1 Alternative Address – Monday thru Friday *Alternative Phone*
 Name of Person Responsible: _____ Relationship: _____

CANCELLATION OF ALTERNATIVE BUS REQUEST: STUDENT TO BE PICKED UP AND DROPPED OFF AT HOME ADDRESS LIST ABOVE. *Effective Date:* _____

START DATE _____

END DATE _____

For Office Use: Approved ___ Denied ___ Date received _____ Principal Signature: _____ Superintendent Signature: _____
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