

GSCS – Transportation Department – Alternate Transportation Request Form (Form T006)

Criteria:

1. The requested alternate address must lie in the applicable school's attendance zone.
2. Actual alternate bus stop locations will be determined using current stop placement procedures. (If applicable, the closest communal stop to the alternate address will be used.)
3. **A request form must be completed for each student. Single forms for multiple students will not be accepted.**
4. **The alternate address must be a residence. Bus service will not be provided to out of county, commercial locations, including day care facilities or any location to facilitate a student or parents work location.**
5. Only one alternate address can be identified for each student. (This alternate address cannot be changed more than two times in a school year)
6. Service to an alternate address will be provided 5 days per week (Mon-Fri). It is a permanent assignment. Alternate Addresses cannot be used for customized weekly schedules (Example: Only on Tuesday and Thursday). If requested, services will apply five days per week, for the entire school year.
7. The "Primary address" provided on this form, must match the student's "Primary Address" in *Infinite Campus*.
8. This will stay as the "Permanent" address unless a new form is submitted requesting address be removed.

(THIS FORM CANNOT BE USED TO GET BUS SERVICE AT A NEW ADDRESS YOU HAVE MOVED TO!!!)

Request (One sheet per student, Include Student ID):

Due to my current circumstances, my child's current bus service needs to be based on an address other than their current residence:

Student Name (print): _____ **Student ID #:** _____

School of Attendance: _____ Parent/Guardian Phone #: _____

Parent Email Address: _____

<p>Primary Address (Current Residence):</p> <p>Street Number: _____</p> <p>Street Name: _____</p> <p>Apt Number: _____</p>

<p>Requested Alternate Address:</p> <p>Street Number: _____</p> <p>Street Name: _____</p> <p>Apt Number: _____</p>

Bus service for this alternate address will apply to (Check One): AM Only ___ PM Only ___ Both ___

Parent/Guardian Signature: _____ Date: _____

Please return this completed form to your school's front office (Schools should e-mail/fax the completed form to bus.info@gscs.org)

<p>Transportation Use Only (Check One): ___ Approved ___ Denied Date received: _____</p> <p>Name (print): _____ Initial: _____</p> <p>Reason if Denied: _____</p>

Note: If the student requires service before the approval process is complete, the school may issue them a Temporary Bus Pass, until the permanent assignment has been received.