

(Office Use Only)
Approved _____ or Denied _____
Date _____ If approved: AM BUS # _____ PM BUS # _____

Office: 330.357.8207 EXT. 6051
Fax: 330.274.3706

**CRESTWOOD LOCAL SCHOOL DISTRICT
ALTERNATE BUS STOP FORM (Not a change of address form)**

NO REQUESTS FOR ALTERNATING DAYS OR WEEKS WILL BE APPROVED. Alternate Bus Stop Forms must be filled out and submitted to the Transportation office. It takes a minimum of **three (3)** business days to make the changes to pick-up and/or drop-off locations. Once approved and processed the student will be transported **EVERYDAY to and/or from their Alternate Bus Stop request**, be aware that your student may be required to walk to a collection point. Only **one (1)** Alternate Bus Stop Form is permitted on file per student. If your alternate bus stop needs to change for any reason, you must first fill out an **ENDING ALTERNATE BUS STOP** form and submit it to our office. A new Alternate Bus Stop form can then be filled out, approved and processed. Only **three (3)** alternate forms/changes are permitted per student per school year.

All forms are available at the schools, Transportation office or on the school's website: www.crestwoodschools.org

*****ONE STUDENT PER FORM/ONLY GOOD FOR PRESENT SCHOOL YEAR*****

PLEASE PRINT

STUDENT LEGAL NAME: _____ **GRADE** _____

HOME ADDRESS: _____
HOUSE # _____ STREET _____ CITY _____ ZIP _____

PARENT/GUARDIAN NAME: _____ **HOME PHONE:** _____

WORK PHONE: _____ **CELL PHONE:** _____

EMAIL: _____

***An Alternate Bus Stop Form is used only to request your student to be picked up or dropped off somewhere other than their legal residence within the district long term.**

AM Pick up will be at the following **ALTERNATE STOP:**

NAME: _____ Phone: _____

ADDRESS: _____

AUTHORIZED SIGNATURE: _____

EMAIL: _____ RELATIONSHIP TO STUDENT _____

PM Drop-off at the following **ALTERNATE STOP:**

NAME: _____ Phone: _____

ADDRESS: _____

AUTHORIZED SIGNATURE: _____

EMAIL: _____ RELATIONSHIP TO STUDENT _____

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 Transportation Supervisor reserves the right to deny this request if the location of the stop or request is deemed impractical or inconsistent with policy.

Signature (Parent or Legal Guardian)

Today's Date

Date to START