**ALTERNATIVE TRANSPORTATION REQUEST FOR PICK-UP/DROP-OFF**

Hortonville Area School District

Brian Gooding, Director of Transportation

W6679 County Rd JJ

Greenville, WI 54942

(920) 757-7045 Fax (920)757-7046

Email to: [transportation@hasd.org](mailto:transportation@hasd.org)

**Reminder: This form only needs to be filled out and returned if your child/ren’s pick-up and/or drop-off locations are other than home and fill in shaded areas below.**

Student Name: Grade: Grade:

School:

Home Address: City: City:

Parent Name:

Home Phone Number: Cell Cell Number:

***Policy 9002 states that a student may have one continuous pick-up location and one continuous drop-off location. Requests for a change of bus routes due to babysitter change will require a two week advance notice.***

**PICK-UP:** **DROP-OFF:**

(Bus #\_\_\_\_\_ Office Use) (Bus # \_\_\_\_\_ Office Use)

Name of Adult at Address: Name of Adult at Address:

Address: Address:

Phone Number: Phone Number:

Start Date: Start Date:

Notes:

Date: Parent Signature:

Request is: Approved Denied **Transportation Office Use Only**

Lynx (Date \_\_\_\_\_\_\_)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sky (Date \_\_\_\_\_\_\_)

Date Driver (Date \_\_\_\_\_\_\_)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School (Date \_\_\_\_\_\_\_)

Brian Gooding, Director of Transportation Parent (Date \_\_\_\_\_\_\_)