



DR. JEANNE SIEGENTHALER
DISTRICT ADMINISTRATOR

MR. STEVE BEHRENDT
4K-8 PRINCIPAL

APPLICATION FOR LONG-TERM ALTERNATE BUS TRANSPORTATION

Parent/Guardian Name: _____ Phone # _____

Child(ren) names _____ Grade _____

Child(ren) names _____ Grade _____

Child(ren) names _____ Grade _____

Child(ren) names _____ Grade _____

Assigned bus route # _____ Requested bus route # _____

Requested location can only be an existing drop off/pick up location and the bus route must be less than 90% capacity.

New location information

Provider's name: _____

Address _____

The days that I need this service:

AM: Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___

PM: Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___

Start Date _____ **End Date** _____

I hear by petition Richmond School Administration to allow my child(ren) the above changes to their transportation. **Please note: Children CAN ONLY ride their assigned bus route until form is approved.**

Parent Signature

Date

- Approved
- Denied – MUST RIDE ASSIGNED BUS ROUTE

District Administrator's Signature

Date