

# REQUEST FOR ALTERNATIVE TRANSPORTATION Application Form

Authorization for the following student(s) to use alternative transportation due to childcare situation for Hartland/Lakeside School District students:

Childcare Provider: \_\_\_\_\_

Address: \_\_\_\_\_

Community: \_\_\_\_\_

Contact number: \_\_\_\_\_

The days that I need this service are:

Monday \_\_\_\_ Tuesday \_\_\_\_ Wednesday \_\_\_\_ Thursday \_\_\_\_ Friday \_\_\_\_

I need the service for:

Mornings \_\_\_\_ Afternoons \_\_\_\_ Noon (K only) \_\_\_\_

Date service is to start: \_\_\_\_\_

Date service to end: \_\_\_\_\_

Parent/Guardian making request: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Names and grades of child(ren) included in this request:

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent /Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator approval: \_\_\_\_\_ Date: \_\_\_\_\_

Dousman approval: \_\_\_\_\_ Date: \_\_\_\_\_

Alternative Route # \_\_\_\_\_ Alternative Stop: \_\_\_\_\_