

Grant County Schools

Alternate Stop/Bus

School Name: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_

Alternate Emergency Phone Number: \_\_\_\_\_

Physical Address of Destination (not mailing address): \_\_\_\_\_

Name of Road Living on: \_\_\_\_\_

Describe House/Place to be Dropped off at: \_\_\_\_\_

Name of Person to Meet Student: \_\_\_\_\_

Phone Number of Person Meeting the Student: \_\_\_\_\_

Date to Ride Bus: \_\_\_\_\_ Bus Number to Ride: \_\_\_\_\_

Student's Regular Bus Number: \_\_\_\_\_

\_\_\_\_\_  
Date of Request

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date Approved

\_\_\_\_\_  
School Official

\_\_\_\_\_  
Bus Driver

Additional Information: \_\_\_\_\_

Bus Drivers must return this form to the respective school each week.

Adopted: 11/14/11