

**Streetsboro City Schools**  
**REQUEST FOR ALTERNATE BUS STOP**

Date \_\_\_\_\_

**Processing time for an alternate stop change is two business days. Please complete the form and forward to the Transportation Office. In requesting an alternate stop, student(s) will be assigned to the closest stop on bus route.**

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

Parents email address \_\_\_\_\_ Phone \_\_\_\_\_

**ALTERNATE STOP INFORMATION:**

Name of Babysitter/ Daycare \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**Alternate stops are to be the same for all five days.**

**Changes are not made on a day to day basis.**

**When an alternate stop is assigned the student is only permitted to ride on that assigned bus.**

**Is the alternate stop for                      Morning                      Afternoon                      Both**

\_\_\_\_\_  
(Custodial) Parent / Legal Guardian Signature

Date form received at transportation \_\_\_\_\_

New stop information:

Location of bus stop \_\_\_\_\_ Bus Number \_\_\_\_\_  
Stop time \_\_\_\_\_am \_\_\_\_\_pm

