



ALTERNATE BUS STOP REQUEST

This form is to be used if you are requesting a pick up or drop off other than your student's current assigned bus stop.

Student(s) Name	School	Grade	Date
Home Address	City	Zip Code	Home Phone
Parent Name	Email Address	Cell Phone	Work Phone

AM Alternate Address	DAYS USED (Please Circle) M T W Th F	Name and Phone
PM Alternate Address	DAYS USED (Please Circle) M T W Th F	Name and Phone
Reason for Request		

The Transportation Department will review requests based on board policy and established guidelines. BUS STOP may be at a different location from the alternate address.

All requests will be responded to either in writing or with a phone call within 10 days of receipt of this form.

FOR TRANSPORTATION USE ONLY					
<input type="radio"/> Accepted	Date:	Initials:	<input type="radio"/> Denied	Date:	Initials:
BUS #	BUS STOP:		Reason Denied		
Other Information					

PLEASE RETURN FORM VIA ONE OF THE FOLLOWING OPTIONS:

EMAIL: Kelly.fulk@oxfordschools.org
ann.weeden@oxfordschools.org

MAIL: Oxford Community Schools, ATT: Transportation Dept, 10 N. Washington St, Oxford, Michigan 48371

DROP OFF FORM: Oxford Community Schools, Transportation Department, 1500 Lakeville Road, Oxford, Michigan 48371