ALTERNATE BUS STOP REQUEST
This form is to be used if you are requesting a pickup or drop off other than your student’s current assigned bus stop.

<table>
<thead>
<tr>
<th>Student(s) Name</th>
<th>School</th>
<th>Grade</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Address</td>
<td>City</td>
<td>Zip Code</td>
<td>Home Phone</td>
</tr>
<tr>
<td>Parent Name</td>
<td>Email Address</td>
<td>Cell Phone</td>
<td>Work Phone</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Accepted</th>
<th>Date:</th>
<th>Initials:</th>
<th>Denied</th>
<th>Date:</th>
<th>Initials:</th>
</tr>
</thead>
<tbody>
<tr>
<td>BUS #</td>
<td>BUS STOP:</td>
<td>Reason Denied</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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