

ALTERNATIVE TRANSPORTATION POLICY

Parents may request the Board of Education to permit bus transportation to or from a home within the district other than the regular residence for the purpose of childcare. Requests will be honored and processed contingent on the following qualifications and conditions”

1. The child must live in an area of the school district that qualifies him/her to bus transportation.
2. The point of pick-up or drop off for alternate transportation **MUST** be on an existing district bus route. Existing current bus route must go past qualified child care provider residence or designated bus stop. The route cannot be altered or additional mileage or stops added.
3. Service must be accepted on a regular and continuous basis. The service provided must be on a Monday through Friday basis. Students may have only one designated pick-up and drop off point. If room is available on routes, the pick-up does not necessarily have to be the same as the drop off point.
4. Requests must be made in writing to the school administrator at least two (2) weeks in advance of the commencement of the alternate transportation.
5. Applicants will be accepted on a space available, first come, first serve basis.
6. The Board of Education reserves the right to deny any alternate transportation requests in the best interest of the school district.
7. Alterations to bus routes becomes the responsibility of the parent(s) and not the school.

Adopted: May 22, 1995

Revised: January 18, 1999

REQUEST FOR ALTERNATE TRANSPORTATION

Application Form

I hereby petition the School Board of the Merton Community School District to allow my child(ren) to be dropped off _____, picked up _____ at the following residence located on an existing Merton Community School District bus route for the purpose of childcare:

Childcare Provider: _____

Address: _____

Community: _____ Childcare Provider's Phone #: _____

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 is to end: _____

Parent/Guardian making request: _____

address: _____

phone: _____

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

Name: _____ Grade: _____

Parent/Guardian Signature

Date

Administrator Approval

Administrator Rejection