ALTERNATE TRANSPORTATION POLICY

Parents may request the Board of Education to permit bus transportation to and 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 for bus transportation.
- 2. The point of pick-up or drop off for alternate transportation <u>MUST</u> be on an existing district bus route. The existing current bus route must go past the childcare provider's 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 request in the best interest of the school district.
- 7. Alterations to bus routes become the responsibility of the parent/guardian(s) and not the school.

Adopted: May 22, 1995

Revised: January 18, 1999

REQUEST FOR ALTERNATE BUS 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: _____ Community: Childcare Provider's Phone No. The days that I need this service are: Monday ____ Tuesday ___ Friday ___ 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: _____ Grade: ____ Name: _____ Grade: _____ Grade: _____ Name: _____ Grade: _____ Parent/Guardian Signature Date Administrator Approval Administrator Rejection