

# ALTERNATE BUS STOP REQUEST

*PARENTS: PLEASE SUBMIT BY MAY 15<sup>th</sup> FOR UPCOMING YEAR  
Requests submitted at a later date may be delayed in processing.*

Your student may ride only the bus to which he/she is assigned unless an alternate bus stop request has been approved. The Central Bucks Transportation Department will approve requests for **childcare or shared custody situations\*** only as long as the following criteria are met:

- **Requests must be for every morning and/or afternoon for the entire school year and includes Day Care Placements before & after school (sole exception: shared custody situations).**
- Stop must be within school attendance area.
- Stop must already exist on an established bus route (i.e. new stops will not be created).
- Change cannot result in overcrowding a bus.
- Student must be within a safe walking distance from the established stop.
- For shared custody, both parent's addresses must be registered with Central Registration for transportation.
- **Requests for alternate bus stops must be renewed annually.**

**\*Childcare is not applicable to middle or high school students.  
On the secondary level, only shared custody situations will be approved.**

**NOTE:** Requests will not be approved for temporary periods.  
Requests will not be approved for student employment, medical appointments, religious instructions, scouts or any other activity.  
In an emergency, please call the principal. An "Emergency Pass" can be issued for the PM ride home.

STUDENT \_\_\_\_\_ SCHOOL \_\_\_\_\_

REQUEST IS FOR THE 20 - 20 SCHOOL YEAR.

CIRCLE ONE: AM only PM only AM/PM (Requests must be Monday through Friday)

Shared Custody: Please specify days \_\_\_\_\_

WHAT IS ASSIGNED BUS NUMBER & STOP?

NAME ALTERNATE BUS STOP REQUESTED IF KNOWN?

PRINT NAME OF PARENT/GUARDIAN

PRINT NAME OF CHILDCARE PROVIDER/PARENT

STUDENT'S HOME ADDRESS

ADDRESS OF CHILDCARE PROVIDER/PARENT

HOME PHONE # WORK PHONE #

PHONE NUMBER OF CHILDCARE PROVIDER/PARENT

SIGNATURE OF PARENT/GUARDIAN

SHARED CUSTODY: SIGNATURE OF OTHER PARENT

FOR CENTRAL BUCKS TRANSPORTATION USE ONLY	
APPROVED _____	EFFECTIVE DATE _____ TRANSPORTATION MGR/ASSISTANT TRANS.MGR
DENIED _____	REASON _____

**Please fax to CB Transportation for processing: 267-893-5830**