



TRANSPORTATION ALTERNATE SITE FORM

Phone: 763-552-6282 Fax: 763-552-6299

Email: tponting@c-ischools.org

Transportation is scheduled to and from a student's home. The Alternate Site Form is for parents of students who want to designate an alternate location for bus pick up and/or drop off. The request must be consistent everyday, and pick up and drop off must be within the attendance area of the student's school. A nonresident student must be Open Enrolled to ISD #911 before an Alternate Site can be effective. Alternate site requests must be in effect for at least 30 days. **ONLY ONE PICK UP LOCATION & ONE DROP OFF LOCATION.**

Requested Start Date: _____

STUDENT INFORMATION

Student Name: _____

Home Address: _____
(Street Number, Name & Direction) (Apt. #) (City) (Zip)

Parent Name: _____

Home Phone: _____ Cell Phone: _____

Parent Address: _____
(Street Number, Name & Direction) (Apt. #) (City) (Zip)

School: _____ Grade/Teacher: _____

MORNING ALTERNATE SITE

Alternate Site Name/Address: _____
(Name) (Street Number, Name & Direction) (City) (Zip)

Alternate Site Phone: _____ Contact Name: _____

AFTERNOON ALTERNATE SITE

Alternate Site Name/Address: _____
(Name) (Street Number, Name & Direction) (City) (Zip)

Alternate Site Phone: _____ Contact Name: _____

*This request may take up to 5 working days to process. Please check Family Access for your student's updated bus schedule. Your student may **NOT** ride the alternate site bus until approved by Transportation.*

Parent Signature: _____ Date: _____

Transportation Approval: Approved Not Approved
By: _____ Date: _____