

HOWELL TOWNSHIP BOARD OF EDUCATION
TRANSPORTATION DEPARTMENT

2022/2023 Alternate Pick Up/Drop Off Location TRANSPORTATION REQUEST

AM Pick Up Location: _____ PM Drop Off location: _____

School/ Session: _____

I _____, parent/guardian of _____ residing at _____

Do hereby request of the Board of Education of the Township of Howell, the use of a bus route for the student named above, **which is not one of a normal assignment**, to be on a temporary basis. I hereby recognize that the furnishing of this transportation may be discontinued at any time without explanation, reason, or notice and that there is no obligation on the part of the Board of Education to make the facilities available for transportation other than from the residence designated above. **Request will be honored only, if there is availability on an existing route.**

It is further understood that as a courtesy the Howell Township Board of Education agrees to assign temporary bus stop on an existing route within the school geographical boundary, to the student listed, that the use of the temporary bus stop is provided on a space-available basis. In the event that the change requires the use of a different vehicle bringing the bus load to maximum capacity, transportation for the temporary student must revert back to their original assignment.

The parent or guardian, understand that, in the case of emergency closing of school, due to inclement weather, or any other similar condition, that the student will be transported to the bus stop agreed to in this document. **It is further understood that this request is being granted for no longer than the remainder of the CURRENT school year**

IF THE DAYCARE CENTER IS CLOSED FOR ANY REASON THE PARENT WILL BE RESPONSIBLE FOR TRANSPORTATION.

- Student will be picked up at one location all days.
- Student will be dropped off at one location all days.
- Pick-up and drop-off locations may be different.

Location Name _____

Address _____

Telephone: Home/Daycare: _____ Cell: _____

Parent/Guardian Contact Information * Must be on Emergency Card**

Home: _____ Cell: _____ Work: _____

Parent/Guardian Signature _____ Date: _____

(For use by Howell Transportation Department only)

Original route Number: To _____ From _____	In Computer: _____
New Route Number: To _____ From _____	Sent to School: _____
Start Date: _____	Given to driver: _____
	Cancelled: _____

THERE WILL BE A ONE WEEK REVIEW PERIOD FOR ALL FORMS RECEIVED AFTER AUGUST 1ST OF THIS SCHOOL YEAR. REGULAR ASSIGNED TRANSPORTATION WILL REMAIN IN EFFECT UNTIL A CHANGE IS APPROVED AND SCHEDULED BY THE TRANSPORTATION DEPARTMENT