## **SOUTH LYON COMMUNITY SCHOOLS**

## TRANSPORTATION SERVICES REQUEST FOR JOINT FAMILY BUSING ARRANGMENT

Please fill out this form completely. Failure to do so will delay processing. Complete one form for each school. Students may not change bus stops without notification of approval from the Transportation Department.

PLEASE PRINT

DATE: SCI	HOOL:	
I hereby request permission and accept following transportation for pick up an		child(ren) listed below to be granted the
NAME OF STUDENT(S):		
REGISTERED ADDRESS:(AS LISTED IN SKYWARD)		
1st PARENT/GUARDIAN:		
PHONE NUMBER WHERE YOU CAN BE R	REACHED DURING THE DAY	Y:
PICK UP & DELIVERY:	PICK UP ONLY:	DELIVERY ONLY:
2 <sup>ND</sup> PARENT/GUARDIAN:		
ADDRESS:		
PHONE NUMBER WHERE YOU CAN BE R	REACHED DURING THE DAY	Y:
PICK UP & DELIVERY:	PICK UP ONLY:	DELIVERY ONLY:
ALTERNATING WEEKS: YES OR NO:	IF YES, PLEASE INDIC	CATE WHAT DATE TO START:
IF NO; PLEASE SPECIFY DAYS:	DAYS: EFFECTIVE:	
1	•	dispatcher@slcs.us stating you agree with the uffice in the event either parent cannot sign.
Both addresses <b>MUST</b> be within the sa	ame school attendance bou	ndary as the <b>registered address</b> .
PARENT SIGNATURE:		
PARENT SIGNATURE:		
	ct the Transportation Departr	child should need to change back to busing to/from ment five (5) days prior to riding from the different
*** THIS FORM	I IS TO BE FILLED OUT EA	CH SCHOOL YEAR. ***
	FOR OFFICE USE ONLY	
ROUTE: DRIVER: ROUTE: DRIVER: TRANSFER APPROVED:	STOP: STOP: FEECTIVE:	ADDRESS:ADDRESS:AUTHORIZED BY:
RATIONALE/COMMENTS:	ETTETIVE.	AUTHORIZED D1.