Second Stop Request for Transportation

This request will allow the below named child to get picked-up/dropped-off at a second address which is an <u>established</u> stop on the same bus route. No set days.

Today's Date: Effective Start Date:
Student(s) Name:
Grade(s): Bus #
Parent/Guardian:
Address:
Phone: () Phone: ()
**Parent/second stop/student will be solely responsible for coordinating the days that the second stop is used. No "bus notes" or calls to the school/bus company are required or necessary.
Parent Signature: X
SECOND STOP
Second Stop Name: Phone: ()
Second Stop Address:
Second Stop Signature: X
• The bus driver will be informed that the above mentioned student(s) is/are permitted to use either stop location.
**If student is unsure of stop location for that day, student is to be dropped at: Bus Stop #1 Bus Stop #2
CCSD Information Only
AM Pick-Up: Bus # Time: Location:
PM Drop-Off: Bus # Time: Location:
Contacted: Bus: Parent: School: School: Initials:
2. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.