

You must fill out this form if your Student will ride any bus other than Home to School (Day care, 2nd Home, work etc). Return to your school or fax to 810-225-3965 By August 25 FOR THE NEW SCHOOL YEAR OR SEND WHEN THERE IS A CHANGE. THIS FORM IS GOOD FOR THIS SCHOOL YEAR AND MUST BE RENEWED EACH YEAR. TWO DESTINATIONS ONLY

PINCKNEY COMMUNITY SCHOOLS TRANSPORTATION DEPARTMENT

2020 M-36, PINCKNEY MI 48169 810-225-3960

DESTINATION REQUEST FORM

Student Name: _____

Building: _____

Parent/Guardian: _____

Full Address: _____

Telephone: Home _____ Work _____ Cell _____

Emergency contact: Name: _____ Phone: _____

Grade: _____ Date requested _____

2nd Destination or Alternate

If Day Care, Name _____

2nd Destination Address: _____

Phone: _____

STUDENTS WILL BE TRANSPORTED TO NO MORE THAN TWO SITES. ANY CHANGE OF DAILY PICK-UP OR DROP-OFF SCHEDULE IS THE RESPONSIBILITY OF THE PARENT TO FILL OUT NEW FORM, PLEASE ALLOW 5 DAYS TO MAKE CHANGES. WE WILL TRY TO ACCOMMODATE MOST REQUEST AS LONG AS THERE IS ROOM ON THE BUS. Mark H for home or O for other in the appropriate box below. For a MS or HS student please check the as needed box. It will be their responsibility to know what days and what bus to ride.

DATE Transportation Received request: _____

HOME BUS# _____ DESTINATION BUS # _____ DATE ASSIGNED: _____

	<u>MONDAY</u>	<u>TUESDAY</u>	<u>WEDNESDAY</u>	<u>THURSDAY</u>	<u>Friday</u>
BEFORE SCHOOL					
AFTER SCHOOL					

As needed					
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