

TREDYFFRIN/EASTTOWN SCHOOL DISTRICT  
REQUEST FOR LONG-TERM ALTERNATE BUS ASSIGNMENT

**PLEASE READ THE GUIDELINES PRIOR TO COMPLETING THE FORM!**

School Attending: \_\_\_\_\_ Date: \_\_\_\_\_  
Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Reason for request: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
\_\_\_\_\_  
Work Number: \_\_\_\_\_  
Joint Custodial Information (if applicable)  
Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
\_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Destination Requested: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
\_\_\_\_\_  
Number: \_\_\_\_\_  
Date Range Requested: \_\_\_\_\_  
AM \_\_\_\_\_ PM \_\_\_\_\_

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I understand, alternative bus arrangements can only be made within the student's attendance area, (with the exception of shared custody), and any such arrangement is contingent upon space availability. I also understand that permission to ride an alternate bus will be rescinded should the space be needed to accommodate a new student residing along the bus route. In this event, the last alternate assignment approved will be the first rescinded.

I agree to these conditions: Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
Principal Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE COMPLETE AND RETURN TO THE TRANSPORTATION DEPARTMENT**

[transport@tesd.net](mailto:transport@tesd.net) TESD 940 W Valley Rd., Suite 1700, Wayne, PA 19087 fax 610-240-1699

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Request Granted: \_\_\_\_\_ Bus Number (s): AM \_\_\_\_\_ PM \_\_\_\_\_  
Start Date: \_\_\_\_\_ Bus Stop Location: \_\_\_\_\_  
Request Denied: \_\_\_\_\_ Reason: \_\_\_\_\_  
Transportation Signature: \_\_\_\_\_ Date: \_\_\_\_\_