

TREDYFFRIN/EASTTOWN SCHOOL DISTRICT
REQUEST FOR SUMMER ALTERNATE BUS ASSIGNMENT

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 _____

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 I also understand that permission to ride an alternate bus will be rescinded should the space be needed to accommodate a new student residing along the bus route. In this event, the last alternate assignment approved will be the first rescinded.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 _____

PLEASE COMPLETE AND RETURN TO THE TRANSPORTATION DEPARTMENT

transport@tesd.net TESD 940 W Valley Rd., Suite 1700, Wayne, PA 19087 fax 610-240-1699

Request Granted: _____ Bus Number (s): AM _____ PM _____

Start Date: _____ Bus Stop Location: _____

Request Denied: _____ Reason: _____

Transportation Signature: _____ Date: _____