

Coatesville Area School District

Request for Alternate Bus Assignment due to Babysitting Arrangements

TO DETERMINE ELIGIBILITY FOR AN ALTERNATE BUS ASSIGNMENT, PLEASE RESPOND TO THE FOLLOWING QUESTIONS:

YES	NO Student will be at the same bus stop in the mornings and afternoons five (5) days per week?
YES	NO The babysitter is located on an existing bus route close to an existing bus stop?
YES	NO The babysitter lives in the school's attendance area?
YES	NO The request is for the entire school year or when accommodations change?

If the answers to all four questions are yes, complete the form below. If one or more of the answers is no, your child is ineligible for an alternative bus assignment. Note: The approval of your request is predicated on both the approval of the building principal and the Supervisor of Transportation for the District.

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	STUDENT INFORMATIC	2N		
School:		School Year	:	
Student Name:		Age:	Grade	
Address/City/Zip				
Home Phone Number:		Emergency Number:		
	PARENT/GUARDIAN INFORI	MATION		
Parent/Guardian Name:				
Address:				
Phone #:	Work Nur	mber:		
NEW DESTINATION REQUESTE Requested Start Date:	D: PLEASE NOTE: REQUESTS	CAN TAKE	UP TO ONE WEEK TO SET-UP	
Babysitter/Childcare Provider's Na	me:			
Address/City/Zip				
Phone Number:	Cell Number:			
I understand and agree, that an alt may not travel outside the school's route (there will be no re-routing of and afternoon, five (5) days per we availability (assignment may be res school who live along the bus route	s attendance area; (2) The site of t f buses); (3) The student must be eek; (4) The assignment of studen scinded should space be needed t	the babysitter at the alternat ts to an alterr	must be on an existing bus te bus stop in both the morning late bus is contingent on space	
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Further, I agree that if the babysitting facility is closed due to inclement weather and/or emergency situations, I am responsible for transportation to and from school. Additionally, I have read and understand the procedures

Parent/Guardian Sign	ature:
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Date: