## ISD #877 / VISION TRANSPORTATION SERVICES, INC. STUDENT TRANSPORTATION ALTERNATE DESTINATION/ ADDRESS CHANGE FORM

PLEASE FILL OUT A SEPARATE FORM FOR EACH CHILD EVERY YEAR.

1. PLEASE PRINT CLEARLY

	Student Name:Home Phone:				
		(Street #, Street Name, apt #)	(City)	(Zip)	
	School:	chool:Grade for current school year:			
	Parent/Guardian Name:		Daytime Phone:		
	Parent/Guardian Nan	ne:	Daytime Phone:		
2.	Please check all t	hat apply:			
	New Enrollment	☐Current Home Address ☐Chang	e of Home Address 🔲 Change in Da	ycare/Alternate Location	
3.	To School (choose	e only <u>one</u> )	From School (choose	only <u>one</u> )	
	☐ No AM transportation needed		☐ No PM transportation r	☐ No PM transportation needed	
	Child will walk/dri	ve Parent/Guardian transport	Child will walk/drive	Parent/Guardian transport	
	☐ Pickup from home		☐Drop off at home		
	☐ Pickup from dayca	are/alternate location	☐Drop off location is a Daycare / Alt Location		
4.	Daycare or Contact N		e Location Information		
	Address:				
	/ ludicss.	(Street #, Street name, apt #)	(City)	(Zip)	
	Daycare or Contact Phone Number:		Alternative #		
	By signing this form, I Guidelines as found or	acknowledge that I have read and und n the back of this form or at <u>www.bhm</u>	derstand the Student Transportation Aleschools.org.	ternate Destination	
	Parent/Guardian Signature:		Date:		
	Multiple pick-up or drop-off locations are not permitted. Transportation policy permits just one morning and one afternoon stop, with the same stop(s) five days a week. A variable schedule is discouraged.				
Notes given to the bus driver are not acceptable. A form must be submitted to the bui to Vision Transportation for temporary changes at least 2 days in advance.			uilding Principal or		
Transportation for social activities is not allowed and is parent/guardian responsibility.					
		Office Use Only: School has	copy	1	