

WILMINGTON AREA SCHOOL DISTRICT
300 Wood Street
New Wilmington, PA 16142

Request for Alternate Bus Stop or Bus Route

Name of Child: _____ Grade: _____
Name of Parent(s) and/or Guardian(s): _____
Address: _____
City: _____ State: _____ Zip: _____
Phone-Daytime: _____ Evening: _____
E-mail Address: _____

Pick-up Information (Must be the same location Monday through Friday.)

Assigned bus no.: _____ Assigned driver: _____
Address of assigned AM bus stop: _____
Reason(s) for requested pick-up change: Parent/Guardian Work Schedule Childcare
 Other _____
Name/Address of alternate bus stop – Name: _____
Address: _____ City: _____
Alternate Bus No.: _____ **Alternate Bus Driver:** _____

Drop-off Information (Must be the same location Monday through Friday.)

Assigned bus no.: _____ Assigned driver: _____
Address of assigned PM bus stop: _____
Reason(s) for requested drop-off change: Parent/Guardian Work Schedule Childcare
 Other _____
Name/location of alternate bus stop – Name: _____
Address: _____ City: _____
Alternate Bus No.: _____ **Alternate Bus Driver:** _____
Date request is to begin: _____

Signature of Parent(s) and/or Guardian(s) Date
 Elementary Middle School High School Other _____
 Krise Parent

For Office Use Only

Approved Not Approved

Superintendent's Signature Date