

WILMINGTON AREA SCHOOL DISTRICT

300 Wood Street

New Wilmington, PA 16142

For School Year:

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