

DUAL DESTINATION REQUEST

Complete for dual destinations, childcare, or other circumstance, which require a student to be picked up or dropped off at a location within the district other than their home address. The building principal and district transportation director will review and approve or deny such requests. Dual drop-offs will be approved if there is room on the bus and if the pick-up and drop-off is on an established route. This service will be provided in accordance with Board policy.

Name of Student _____ Grade/Teacher _____

Name of Parent / Guardian _____ Home # _____

Father's Work/Cell # _____ Mother's Work/Cell # _____

DESTINATION 1

Days _____ ☐ Pick up A.M. ☐ Drop off P.M. Bus # _____

Destination Name _____ Phone Number _____

Address _____

DESTINATION 2

Days _____ ☐ Pick up A.M. ☐ Drop off P.M. Bus # _____

Destination Name _____ Phone Number _____

Address _____

EMERGENCY DISMISSAL DESTINATION

For the safety of your children the school needs to have a permanent destination point for your child when school needs to be called off for **emergency purposes**. Provide all necessary information below.

Emergency Destination _____

Address _____

Check the box that describes how you would like your child to get to this destination.

☐ Please send my child on the school bus to the destination listed above. Bus # _____

☐ Please allow my child to walk home.

☐ Please hold my child, I will pick him/her up. Phone number where I can be reached. _____

All children will be sent to the destinations specified. No special phone calls will be made.

SIGNATURE OF PARENT(S) / GUARDIAN(S), BOTH IF APPLICABLE :

Date: _____

Date: _____