LONG TERM ALTERNATIVE TRANSPORTATION REQUEST FORM

In order for parents to designate any alternative transportation, a signed waiver must be on file with the Indian Hill School District. Requests for long term alternative transportation must be submitted to the Transportation Department. Please allow up to one week for the Transportation Department to consider your request.

STUDENT NAME_________________________ HOME PHONE_____________________

STUDENT ADDRESS________________________ (please print) PARENT DAYTIME PHONE_____________________

SCHOOL ATTENDING_________________________ HOMEROOM_____________________

STUDENT'S GRADE (circle one)  K 1 2 3 4 5 6 7 8 9 10 11 12

PRESENT BUS NUMBER_______________________ AND STOP_______________________

REQUESTED SCHEDULE:

<table>
<thead>
<tr>
<th>DAY</th>
<th>PICK-UP LOCATION</th>
<th>DROP-OFF LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>MONDAY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TUESDAY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WEDNESDAY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>THURSDAY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FRIDAY</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

EFFECTIVE DATE OF NEW SCHEDULE_______________________________

PARENT'S SIGNATURE__________________________ DATE__________

NOTE: ALTERATIVE TRANSPORTATION REQUESTS WILL ONLY BE APPROVED FOR DESIGNATED AND ADOPTED BUS STOPS WITHIN THE INDIAN HILL SCHOOL DISTRICT.

_________________________________________________________________________

(this portion for office use only)

APPROVED  WAIVER ON FILE  DENIED
DRIVER ADVISED  BUS PASS ISSUED  PLEASE ADVISE DRIVER

SIGNATURE__________________________ DATE_____________________

COMMENTS____________________________________________________