

ALTERNATE BUS STOP REQUEST

This form is to be used if you are requesting a pick up or drop off other than your student's current assigned bus stop.

Save a copy of this form to your hard drive and email as an attachment to patricia.burke@lok12.org and rose.gagliardi-lacoursier@lok12.org or fax a copy to 248-391-5481

| Student(s) Name | Scho | ool | Grade | | Date |
|--|--------------|----------|----------|------|------------|
| Home Address | City | | Zip Code | | Home Phone |
| AM Alternate Address | | | | Phor | ne |
| PM Alternate Address | | | | Phor | ne |
| Reason for Request | | | | | |
| | | | | | |
| Parent Name | Email Addres | 3 | | | Phone |
| The Transportation Department will review requests based on board policy and established guidelines. Please see the Transportation Handbook for more information. Requests will be responded to either in writing or with a phone call within 30 days. However, at the beginning of the school year, requests will not even be considered until at least 3 weeks after the start of school. | | | | | |
| FOR TRANSPORTATION USE ONLY | | | | | |
| | ☐ Accepted | ☐ Denied | | | |
| Reason if Denied | | Initials | | | Date |
| Other information | | | | | |

Lake Orion Community Schools Transportation Department 3620 Giddings Road Orion, MI 48359