

Student(s) Name

ALTERNATE BUS STOP REQUEST

This form is to request a pick-up or drop-off other than the student's current assigned bus stop.

Grade

Date

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

School

Home Address	City			Zip Code		Home Phone
nome Address	City			Zip Code		nome Phone
AM Alternate Address					Phone	
PM Alternate Address					Phone	
Reason for Request						
Parent Name	Email /	Address				Phone
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The LOCS 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						
	☐ Accep	ted	☐ Denied			
Reason if Denied			Initials			Date
Other information						<u>'</u>

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