

TRANSPORTATION DEPARTMENT

2125 Delhi St., NE • Holt, MI 48842-1809 • Tel: 517.699.1113 • Fax: 517.694.2325

Request for Special Permission to Participate in Transportation

for pupils <u>residing outside the attendance area where enrolled</u> **2021-2022**

The following application is to be completed for an In-District or Out-of-District pupil who is **requesting** school bus transportation but who is not eligible to ride because their residence is outside the attendance area of the school to which the pupil is enrolled. Such requests may be considered if: (1) THERE IS LEGAL RATED CAPACITY on the assigned school bus, and; (2) THE PARENT/LEGAL GUARDIAN ACCEPTS STUDENT ASSIGNMENT TO A CURRENT EXISTING BUS STOP within the District/school specific boundary. At the beginning of the school year, the decision to approve or deny this request will be made after the **third full week** of school. School bus transportation will not be provided prior to approval of this request and the parent/legal guardian is notified.

Student Name:		Siblir	igs/Schools		
Home Address:		City:		, MI	Zip:
Home or Mobile Pho	one: ()	Ema	il address:		
School Attending:		Grad	de Level:	_ [Star Learne	er: 🗆 AM / 🗆 PM]
Check appro	priate box: 🗌 Be	efore School Only 🗆 Aft	er School Only [☐ Both , Befo	ore and After School
Requesting transpo	ortation from (befo	ore school) address:	Please circle days o	f the week: (ALI	_ or M – T – W – H – F)
Requesting tra	nsportation to (at	ter school) address:	 Please circle days o	f the week: (ALI	or M – T – W – H – F)
Parents and students are will begin within three (3) assigned bus stop is rem	e informed that schoo days after approval. noved, this Request fo	I bus transportation is a court It is understood that if legal or Special Permission to Part he current school year only	esy and a privilege rated capacity on th icipate in Transporta	for students. If e assigned bus ation shall auton	approved, transportation no longer exists or if the natically terminate. <i>This</i>
Parent/Legal Guard	lian Signature:		Date:		
		ransportation Departme			
Student ID:	☐ Recei	ved:	ed, effective:	Denie	d, effective:
Criteria for decision	า:				
Authorizing Signat	ure: Supervisor of T	ransportation			
	Bus #:	Bus Stop:	Ti	me:	
Before school					
After school					