HOLT PUBLIC SCHOOLS
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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 residing outside the attendance area where enrolled

2020-21

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: _____ Siblings/Schools_____

Home Address: _____ City: _____, MI Zip: _____

Home or Mobile Phone: (_____) _____ Email address: _____

School Attending: _____Grade Level: _____ [Star Learner: ☐ AM / ☐ PM]

Check appropriate box: ☐ Before School Only ☐ After School Only ☐ **Both**, Before and After School

Requesting transportation **from** *(before school)* address: _____
Please circle days of the week: (**ALL** or M – T – W – H – F)

Requesting transportation **to** *(after school)* address: _____
Please circle days of the week: (**ALL** or M – T – W – H – F)

Parents and students are informed that school bus transportation is a courtesy and a privilege for students. If approved, transportation will begin within three (3) days after approval. It is understood that if legal rated capacity on the assigned bus no longer exists or if the assigned bus stop is removed, this Request for Special Permission to Participate in Transportation shall automatically terminate. ***This request for special permission is valid for the current school year only and expires at the end of the 2020-21 school year.***

Parent/Legal Guardian Signature: _____ Date: _____

– Transportation Department Use ONLY –

Student ID: _____ ☐ Received: _____ ☐ Approved, effective: _____ ☐ Denied, effective: _____

Criteria for decision: _____

Authorizing Signature: _____
Supervisor of Transportation

	Bus #:	Bus Stop:	Time:
Before school			
After school			