

QUEEN ANNE'S COUNTY PUBLIC SCHOOLS
Alternate Bus Transportation Request
 (This Form Does Not Grant Out of Zone Placement)

The QACPS Policy allows each transported student **one AM pick up location** and **one PM drop off location**. Exceptions will only be made in case of an emergency or when extenuating circumstances exist. If your child is being picked up and dropped off at their home address or a permanent alternate site five (5) days a week, **DO NOT** complete an Alternate Bus Stop form. If your child requires another bus stop to or from a different pick up or drop off location, **other than their home address or a permanent alternate site five (5) days a week**, please complete the Alternate Bus Stop form (insert link). **This form remains in effect until another form is completed or no longer needed.** Please allow 3-5 business days for processing.

ONLY ONE STUDENT PER FORM - If more than one student is listed, form will be returned for correction.

Reason for Request: _____ Requested Start Date: _____

Student's Full Name: _____ School: _____

Grade Level: _____ Parent/Guardian Name: _____

Home Address: _____ Contact Number: _____
 Street City Zip

<p>Alternate Bus in AM: Address to Determine Bus Stop Location – If pick up address is home, <u>leave blank</u></p> <p>Alternate Address: _____</p> <p>Name of responsible adult at address: _____</p> <p>Daytime Phone of adult listed above: _____</p> <p>Check all the applies <input type="radio"/>Regular Day <input type="radio"/>Late Openings</p> <p>Please check one</p> <p><input type="radio"/>Monday thru Friday OR SPECIFIC DAYS <input type="radio"/>M <input type="radio"/>T <input type="radio"/>W <input type="radio"/>Th <input type="radio"/>F</p>	<p>Alternate Bus in PM: Address to Determine Bus Stop Location – If drop off address is home, <u>leave blank</u></p> <p>Alternate Address: _____</p> <p>Name of responsible adult at address: _____</p> <p>Daytime Phone of adult listed above: _____</p> <p>Check all that applies <input type="radio"/>Regular Day <input type="radio"/>1/2 Days <input type="radio"/>Unscheduled Early Dismissals</p> <p>Please check one</p> <p><input type="radio"/>Monday thru Friday OR SPECIFIC DAYS <input type="radio"/>M <input type="radio"/>T <input type="radio"/>W <input type="radio"/>Th <input type="radio"/>F</p>
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Parents are encouraged to accompany their child to and from their bus stop. If the parents cannot accompany their children, arrangements should be, made if possible, for older children (brother(s), sister(s), or neighbor(s) to escort the younger children to and from the bus stop. Pre-K, K, 1st, and 2nd grade students must have someone meet them at the bus stop. Arrive at the bus stop (5) minutes before scheduled arrival times of the bus.

Parent/Legal Guardian: _____ Date: ____/____/____

Principal/Administrator Signature: _____ Date: _____	
SCHOOL USE ONLY - PLEASE FAX TO 410-758-8200	
DEPARTMENT OF TRANSPORTATION USE ONLY - <input type="radio"/> Approved <input type="radio"/> Denied - Date Entered _____ DOT SIGNATURE: _____	
AM _____ Regular Bus Stop Address _____ Bus# _____	PM _____ Regular Bus Stop Address _____ Bus# _____
AM _____ Alternate Bus Stop Address _____ Bus# _____	PM _____ Alternate Bus Stop Address _____ Bus# _____