

**PINCKNEY COMMUNITY SCHOOLS
TRANSPORTATION SERVICES
2020 M-36, PINCKNEY MI 48169 (810) 225-3960
REQUEST FOR 2ND DESTINATION BUSING**

Please fill out this form completely. Failure to do so will delay processing. Complete one form for each school. **This form is mandatory should your student need busing to/from a 2nd destination (OTHER THAN HOME) and must be submitted each school year.**

- **Submit by: JULY 1st** Forms received after this date may be subject to delayed processing.
Please allow 5 days for processing if submitted after the start of the school year.
- **Submit to:** 1) email to dispatcher@pinckneypirates.org or 2) deliver to transportation dept. office

PLEASE PRINT

DATE: _____ SCHOOL: _____

I hereby request permission and accept responsibility for my/our child(ren) listed below to be granted the following transportation change for pick up and/or delivery.

NAME OF STUDENT(S): _____ GRADE _____

NAME OF PARENT/GUARDIAN: _____ GRADE _____

TELEPHONE: HOME: _____ CELL 1: _____ CELL 2: _____

H) HOME ADDRESS: _____

2ND DESTINATION REQUEST:

CAREGIVER'S NAME: _____ PHONE: _____

S) SECONDARY DESTINATION ADDRESS: _____

Place an **H** for busing to/from Home address and an **S** for busing to/from Secondary address in the appropriate box below.

Place an **H/S** in each box applicable for busing to/from either location on an as-needed basis.

	<u>MONDAY</u>	<u>TUESDAY</u>	<u>WEDNESDAY</u>	<u>THURSDAY</u>	<u>FRIDAY</u>
AM PICK-UP					
PM DROP-OFF					

PARENT SIGNATURE: _____ **REQUESTED START DATE:** _____

The Transportation Department will use the following criteria to base its decision to provide transportation to/from a secondary address:

- Secondary transportation requests depend on space availability on bus.
- The secondary address must be within the school attendance boundary.
- The secondary location must be near an established stop on the bus route.
- Students are allowed transportation to a maximum of **2 destinations only**, including the home stop.

----- FOR OFFICE USE ONLY -----

DATE RECEIVED: _____ **H** BUS # _____ **H** STOP : _____

DATE ASSIGNED: _____ **S** BUS # _____ **S** STOP: _____

DISTRIBUTION: _____ 1. File _____ 2. Bus Driver _____ 3. School