

NEBO SCHOOL DISTRICT TRANSPORTATION  
ALTERNATE SITE FORM

Transportation to/from an alternate address must be on a **daily** basis.

New Request  Application Date: \_\_\_\_\_ Date to Begin: \_\_\_\_\_  
Cancel Existing Request

Parent/Guardian Name: \_\_\_\_\_

Email used for notification of approval/denial: \_\_\_\_\_

Student(s)

1. ID # \_\_\_\_\_ Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
(Lunch No.)
2. ID # \_\_\_\_\_ Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_
3. ID # \_\_\_\_\_ Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Home Address

Street \_\_\_\_\_

City \_\_\_\_\_

Phone \_\_\_\_\_

Alternate Address

Pick Up  Drop Off  Summer Only

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

Phone \_\_\_\_\_

IF APPROVED, BUSING WILL BE PROVIDED AS SPECIFIED FOR EACH SCHOOL YEAR UNTIL A NEW  
FORM IS SUBMITTED TO CHANGE OR END THE ALTERNATE SITE TRANSPORTATION.

Parent/Guardian Signature: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OFFICE USE ONLY

Approval 1 \_\_\_\_\_ Approval 2 \_\_\_\_\_ Denial 1 \_\_\_\_\_ Denial 2 \_\_\_\_\_

Bus \_\_\_\_\_ Driver \_\_\_\_\_ Notified \_\_\_\_\_ Parent Notified \_\_\_\_\_

Stop Address \_\_\_\_\_ Pick Up Time \_\_\_\_\_ Drop Off Time \_\_\_\_\_