



**Transportation Department**

616 Preston Drive  
 Kingwood, WV 26537  
 Phone: (304) 329-2524 Fax: (304) 329-3696

**REQUEST FOR ALTERNATE BUS ASSIGNMENT**

(Only use this form in the event of an alternate location. One alternate location is permissible.)

**Fillable form on website can be saved and emailed to [tony.harris@k12.wv.us](mailto:tony.harris@k12.wv.us) or be given to school secretary.**

\_\_\_\_\_ *Date*

I am requesting permission for my son/daughter, \_\_\_\_\_ *Name of Student*

to ride bus # \_\_\_\_\_ to \_\_\_\_\_ *(Address)*

from \_\_\_\_\_ school. My child will be received

by \_\_\_\_\_, phone # \_\_\_\_\_, who *Name of Care Giver*

will accept responsibility for his/her care at that time.

This request remains in effect from \_\_\_\_\_ to \_\_\_\_\_ *Date Date*

This request is necessary due to: \_\_\_\_\_ (please circle dates and/or times)

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>AM/PM</b>	<b>AM/PM</b>	<b>AM/PM</b>	<b>AM/PM</b>	<b>AM/PM</b>

During the time of transport I may be reached at \_\_\_\_\_, \_\_\_\_\_ *Location Phone*

\_\_\_\_\_  
*Parent Signature*

\_\_\_\_\_  
*Home Phone*

Approved \_\_\_\_\_ Denied \_\_\_\_\_