

APPLICATION FOR ALTERNATIVE TRANSPORTATION

School Office use: Notice from Bus Co. of: Approved Date: _____ Start Date: _____ Not Approved: _____

Dear Parent:

The School District will consider requests for alternative transportation to and from school other than the student's residence AFTER the opening of school in September. The district will make every effort to accommodate these requests by October 1st. Until the request is approved, it will be the responsibility of the parents to provide transportation. Under NO circumstances will the School District give any consideration to Alternative Transportation requests until we are sure that all rider-ship has been established, bus routes are running smoothly on a daily basis, morning and afternoon routes.

Alternative Transportation requests will only be considered if the alternative address falls within the same attendance boundaries as your child's school. Alternative Transportation requests will only be considered on a FIVE day per week basis, morning and afternoon routes.

If, in accordance with the aforementioned criteria, you wish to apply for Alternative Transportation, please fill out the form below and return it to our office. You must fill out a separate form for each individual student whom you wish to be considered.

Thank you,
 Shawn Prendable
 Contract Manager
 153 Burke Street
 Nashua, NH 03060
 PH: 603-886-7966 Fax: 603-889-5725

STUDENT'S NAME _____

SCHOOL _____ GRADE _____

HOME ADDRESS _____ PHONE _____

PRESENT BUS# _____ PRESENT BUS STOP _____

ALTERNATIVE ADDRESS TO WHICH YOU REQUEST TRANSPORTATION:

_____, Litchfield, NH 03052

Adult contact at Alternative Address:

Name: _____

Home phone: _____ Cell Phone: _____

Requested Start Date: _____

PARENT'S SIGNATURE _____ Date: _____