

ALTERNATE TRANSPORTATION FORM

BOARD OF EDUCATION POLICY 3541.31d REQUIREMENTS:

- Resident address and alternate (babysitter) address must **both** be eligible for transportation
- Pick-up and drop-off point must be the **same** daily
- Requests must be made by **July 1st** each year to be effective at the beginning of the school year
- Requests received after July 1st but before the start of the school year may be implemented after the start of the school year
- Requests received after the start of the school year will be implemented after approval by the Transportation Department

Student Name: _____ Student #: _____

Home Address: _____ Phone: _____

School: _____ Grade: _____ (If 4K: AM _____ PM _____)

Parent/Guardian Name: _____ E-mail Address: _____

Parent/Guardian Signature: _____

****Changes to the pick-up and drop-off location can only be made once per semester****

AM Pick-up Location

PM Drop-off Location

<p>Check which location you are using:</p> <p><input type="checkbox"/> Home Location</p> <p><input type="checkbox"/> Sitter</p> <p><input type="checkbox"/> Certified Daycare (Need proof of certification)</p> <p><input type="checkbox"/> Different Stop on Same Route</p> <p><input type="checkbox"/> Will not use a Pick-up</p> <p>(If Applicable) Name of Day Care: _____</p> <p>Address: _____</p> <p>Phone: _____</p>	<p>Check which applies for this location:</p> <p><input type="checkbox"/> Home Location</p> <p><input type="checkbox"/> Sitter</p> <p><input type="checkbox"/> Certified Daycare (Need proof of certification)</p> <p><input type="checkbox"/> Different Stop on Same Route</p> <p><input type="checkbox"/> Will not use a Drop-off</p> <p>(If Applicable) Name of Day Care: _____</p> <p>Address: _____</p> <p>Phone: _____</p>
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E-mail completed form to: Transportation.Department@rusd.org

Or Forward to: Racine Unified School District
3109 Mt Pleasant Street
Racine, WI 53404