

School Use Only:

Date _____

DAYCARE: FAX TO ATTENDING SCHOOL

SCHOOL: Students with a permissive transfer are not eligible for GCPS transportation.

Approval is required for all alternates other than commercial daycares.

The Alternate Bus Stop goes into effect after this data has been approved by your Transportation Supervisor and entered into Synergy.

Route # _____
Car Rider _____
Daycare _____

Alternate Address entered into SASI

Alternate Address Approved _____
(Transportation Supervisor/Designee)

(Date Entered) (School Official Name)

Alternate Address Declined _____
(Transportation Supervisor/Designee)

SY _____ Gwinnett County Public Schools Alternate Bus Stop Registration

SCHOOL _____ STUDENT ID _____ GRADE _____ TEACHER _____

STUDENT NAME _____ DATE OF BIRTH _____

LAST FIRST MIDDLE

HOME ADDRESS _____ APT# _____

CITY _____ ZIP _____ HOME PHONE _____

CELL PHONE _____ WORK PHONE _____

IS CHANGE DUE TO A NEW HOME ADDRESS? YES _____ NO _____

CONTINUE ONLY IF ALL OF THE FOLLOWING APPLY:

1. The morning and/or afternoon address below is for **ALL 5 DAYS**.
2. The morning and/or afternoon address below is **within your assigned school zone, or the sitter/daycare provides all transportation.**
3. Your child goes to a childcare provider before **and/or** after school.
4. **You agree to submit to the school a new Alternate Bus Stop Registration form for ANY change to your child's permanent transportation.**
5. Alternate address requests for reasons other than daycare require supervisor approval and must be for 5 days a week.
Students cannot be picked up or returned to different locations on different days of the week.
For emergency situations, you must request a bus pass from your child's school.

REQUESTED ALTERNATE PICK UP ADDRESS: (This form cannot be used to change your child's bus stop for any other reason than childcare purposes.)

(Street Address) (Apt #) (City) (Zip Code)

Name of daycare/sitter _____ Phone _____

Does the daycare provide transportation to/from school? Yes _____ No _____

Date requested to begin service _____

REQUESTED ALTERNATE DROP OFF ADDRESS: (This form cannot be used to change your student's bus stop for any other reason than childcare purposes.)

(Street Address) (Apt #) (City) (Zip Code)

Name of daycare/sitter _____ Phone _____

Does the daycare provide transportation to/from school? Yes _____ No _____

Date requested to begin service _____

Parent Name _____ Parent Signature _____

Parent signature required to process request. Date _____