

MYERS ELEMENTARY SCHOOL

Susquehanna Transit Request for Alternate Care Transportation



- This form is to be used to request alternate busing needed on a long-term basis.
- This form can be used to request an AM alternate stop only, PM alternate stop only, or both AM and PM alternate stop.
- Sufficient time is needed for driver notification and implementation.
- The requested stop must be on an established route in the Muncy School District.
- This form must be resubmitted each year.

Date Submitted: _____

Student Information:

Student Name 1: _____

Student Name 2: _____

Student Name 3: _____

Student Name 4: _____

Student Name 5: _____

Student Name 6: _____

Home Address _____

Parent Information:

Parent/Legal Guardian Name _____

Parent/Legal Guardian Signature _____

Parent/Legal Guardian Phone Number (Home) _____

Parent/Legal Guardian Phone Number (Cell) _____

Alternate AM Pick-Up Information:

Alternate Address _____

Responsible Individual at Alternate Address _____

Phone 1 _____

Phone 2 _____

Place an **X** in the box to indicate days for alternate AM pick-up is required:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Alternate PM Drop-Off Information:

Alternate Address _____

Responsible Individual at Alternate Address _____

Phone 1 _____

Phone 2 _____

Place an **X** in the box to indicate days for alternate PM drop-off is required:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____