

TRANSPORTATION DEPARTMENT

2125 Delhi St., NE • Holt, MI 48842-1809 • Tel: 517.699.1113 • Fax: 517.694.2325

Request for Special Permission to Participate in Transportation

for pupils <u>residing outside the attendance area where enrolled</u> **2024-2025**

The following application is to be completed for an Out-of-District pupil who is **requesting** school bus transportation but who is not eligible to ride because their residence is outside the attendance area of the school to which the pupil is enrolled. Such requests may be considered if: (1) THERE IS LEGAL RATED CAPACITY on the assigned school bus, and; (2) THE PARENT/LEGAL GUARDIAN ACCEPTS STUDENT ASSIGNMENT TO A CURRENT EXISTING BUS STOP within the District/school specific boundary. At the beginning of the school year, the decision to approve or deny this request will be made after the **third full week** of school. School bus transportation will not be provided prior to approval of this request and the parent/legal guardian is notified.

Student Name:		Sib	lings/Schools		
Home Address:		Cit	y:	, MI	Zip:
Home or Mobile Phor	ne: ()	Er	nail address:		
School Attending:		Gr	ade Level:	[Star Learne	er: 🗆 AM / 🗆 PM]
Check approp	oriate box: 🗆 Be	efore School Only \Box A	After School Only	y 🗆 Both , Befo	ore and After School
Requesting transports	ation from (befor	re school) address:			
					or M – T – W – H – F
Requesting transport	ation to <i>(after sc</i>	hool) address:			
		Ple	ase circle days of	the week: ALL o	or M – T – W – H – F
will begin within three (3) assigned bus stop is remainded.	days after approval. oved, this Request f	ol bus transportation is a conclusion of the sunderstood that if legon or Special Permission to Fethe current school year on the current school year on the sunderstand of the sundersta	gal rated capacity or articipate in Transp	n the assigned bus ortation shall auto	s no longer exists or if the matically terminate. <i>Thi</i>
Parent/Legal Guardi	an Signature:		Date:		
		ransportation Departm			
Student ID:	🗆 Recei	ved: 🗆 Appro	ved, effective: _	Denie	d, effective:
Criteria for decision	:				
Authorizing Signatu	re:				
riamen_mg engmana	Supervisor of To	ransportation			
	Bus #:	Bus Stop:		Time:	
Before school	Dus π.	υμό Οιύμ.		TITTIG.	
After school					