

REQUEST FOR ALTERNATE BUS STOP
 Proponent is DoDDS Pacific Transportation Management Office

PRINCIPAL PURPOSE: To aid sponsors/parents/guardians in requesting an alternate bus stop for their dependents.

ROUTINE USES: To identify the information needed by the Student Transportation Office to evaluate and implement requests.

DISCLOSURE: Providing information is voluntary. Not providing information will impede and limit the ability of the Student Transportation Office to honor a request for an alternate bus stop.

SPONSOR/PARENT/GUARDIAN NAME	DATE OF REQUEST
UNIT/ORGANIZATION <i>(Include APO Address)</i>	WORK PHONE
QUARTERS ADDRESS <i>(Street, City)</i>	HOME PHONE
NAME(S) OF DEPENDENT STUDENTS INVOLVED IN THIS CHANGE	DATE CHANGE WILL START

CURRENT PICK-UP BUS STOP

CURRENT DROP-OFF BUS STOP *(If different than pick-up location shown above)*

ALTERNATE PICK-UP ADDRESS

ALTERNATE DROP-OFF ADDRESS

SPONSOR/PARENT/GUARDIAN ACKNOWLEDGMENT OF THE CONDITIONS FOR REQUESTING AN ALTERNATE BUS STOP

I understand that the Student Transportation Office will honor my request when the following conditions are met:

- a) My dependent is enrolled in a DoDDS school in a category entitled to space required transportation.
- b) The alternate location is within the commuting area for the school my dependent attends.
- c) A safe bus stop has been established within walking distance of the alternate location.
- d) The change is expected to be long term. I understand that the requests may not be authorized on a day-by-day basis.
- e) This transportation will be on a space available basis only and may be withdrawn at any time.

(Signature) _____