

Reed-Custer Transportation EXEMPTION Request

To be used for any changes that you may have entered at registration and subsequently throughout the year.

(Last)
(First)

| | | |
|--|---|----------------------|
| Name of Child: _____ | Grade: ____ | School: _____ |
| Home Address: (street) _____ (city) _____ | | |
| Home Phone: (____) _____ - _____ | Student lives with: <input type="checkbox"/> Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father | |
| | <input type="checkbox"/> Other _____ | |
| Guardian 1 Cell Phone: (____) _____ - _____ | Guardian 2 Cell Phone: (____) _____ - _____ | |
| Date: _____ Signature: _____ | | |

EXEMPTION GUIDELINES

1. Desired pick-up and drop-off location(s) must be consistent, and may only change after 90 days and the approval from the Assistant Superintendent of Operations. A child may be picked up at one location and dropped off at another site but this must be consistent Monday through Friday. If a change were to occur on any given day, the parent would be responsible for transportation.
2. There must be adequate capacity on the bus if a request would require a child to ride a different bus route.
3. Changes will begin one week after they are turned in on a Wednesday. Exemptions turned in on a Monday, Tuesday or Wednesday will start the following week on Wednesday. Exemptions turned in on a Thursday or Friday will start the week after next on Wednesday.
4. The same process needs to be followed to change back to the home or original location after 90 days.
5. Remember, last minute changes are not in the best interest of students, staff or bus driver's.

| | | | |
|--|---|----------------------------------|---|
| AM EXEMPTION INFO | Before school location | <input type="checkbox"/> At home | <input type="checkbox"/> Childcare provider below |
| Childcare Provider's Name: _____ | Related to student? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Childcare Provider's address: (street) _____ (city) _____ | | | |
| Home Phone: (____) _____ - _____ | Cell Phone: (____) _____ - _____ | | |

| | | | |
|--|---|----------------------------------|---|
| PM EXEMPTION INFO | After school location | <input type="checkbox"/> At home | <input type="checkbox"/> Childcare provider below |
| Childcare Provider's Name: _____ | Related to student? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Childcare Provider's address: (street) _____ (city) _____ | | | |
| Home Phone: (____) _____ - _____ | Cell Phone: (____) _____ - _____ | | |

Date requested for change to take effect: ____/____/____

| | | | | |
|-------------------------------------|---------------------------------|---------------------------------|----------------------------------|--------------------------------------|
| OFFICE USE | | | | |
| <input type="checkbox"/> Approved | Start Date: _____ | | | |
| NOTIFIED | | | | |
| <input type="checkbox"/> Bus Driver | <input type="checkbox"/> School | <input type="checkbox"/> Parent | <input type="checkbox"/> BusBoss | <input type="checkbox"/> PowerSchool |