

JAMES A. GARFIELD SCHOOLS

**VARIATION REQUEST FOR BUS SCHEDULE**

Pupils will not be picked-up or discharged except at their scheduled bus stop unless a written (\*) application is completed, signed and approved by the building administrator. Parents/Guardians will be permitted one (1) regular alternative drop off stop, i.e. at the babysitter.

It is understood the parent/guardian will not hold the bus driver, teacher or other school official responsible for any accidents or mishaps directly or indirectly connected with allowing their child to depart from said school bus at other than the designated stop.

Please make your request below and submit at least 24 hours prior to the date of the variation request.

The request must be written and have all the information before this variance can be approved.

\*Sorry, we can NOT accept telephone calls.

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Date \_\_\_\_\_ Present Bus Number \_\_\_\_\_

Name of Student(s) \_\_\_\_\_ Grade \_\_\_\_ Teacher \_\_\_\_\_  
\_\_\_\_\_ Grade \_\_\_\_ Teacher \_\_\_\_\_  
\_\_\_\_\_ Grade \_\_\_\_ Teacher \_\_\_\_\_  
\_\_\_\_\_ Grade \_\_\_\_ Teacher \_\_\_\_\_

Home Address: \_\_\_\_\_

Request for change is: **PERMANENT (daily)** \_\_\_\_\_ **Occasional** \_\_\_\_\_

Statement of Request – Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date to begin: \_\_\_\_\_ Date to end: \_\_\_\_\_

This is for: PICK-UP ONLY \_\_\_\_\_ DROP-OFF ONLY \_\_\_\_\_ BOTH PICK-UP/DROP-OFF \_\_\_\_\_

New location for bus change: \_\_\_\_\_  
Street Number and Name City

Name of responsible party at above address: \_\_\_\_\_  
Phone at above address: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_

\*\*\*\*\* **For Transportation Department Use Only** \*\*\*\*\*

Building Principal \_\_\_\_\_ Approved \_\_\_\_ Not Approved \_\_\_\_

Transportation Office \_\_\_\_\_ Approved \_\_\_\_ Not Approved \_\_\_\_

Date \_\_\_\_\_ Variation Bus No. \_\_\_\_\_

**SORRY, this request can't be approved.** \_\_\_\_\_