SELINSGROVE AREA SCHOOL DISTRICT
Student Transportation Alternate Stop Request
(To Be Used for Overriding Current Primary Assignment)

Student's Name _____ **ID #** _____ **Today's Date** _____

Building: ☐ **ELEMENTARY K-2** ☐ **INTERMEDIATE 3-5** ☐ **MS 6-8** ☐ **HS 9-12**

Grade: _____ **Birthdate:** _____ ☐**Male** ☐**Female**

Parent/Guardian _____ **Phone Number** _____

Requesting Alternate Stop

AM Address _____

PM Address _____

Reason for Alternate Stop _____

_____

_____

Parent/Guardian Name _____

Parent/Guardian Signature _____ **Date** _____

SCHOOL OFFICIAL VERIFICATION

School Official Name _____

School Official Title _____ **Date** _____

School Official Signature _____