



Sherwood School District - Transportation Department
20250 SW Cipole Rd. • Tualatin, OR 97062
503.825.5900 • Fax 503.825.5901
www.sherwood.k12.or.us

Alternate Transportation Request Form

Please complete one form for each student requesting an alternate destination.

Requested Service: ☐ To and From School ☐ To School Only ☐ From School Only

Student Name: _____ School: _____

Primary Residence: _____

Reason For Request: _____

Alternate Address Information:

Pick up Address: _____

Daycare ☐ Yes ☐ No Name: _____

Drop off Address: _____

Daycare ☐ Yes ☐ No Name: _____

By signing this form, you are confirming that you are requesting an alternate stop for your child. You understand that if approved, this is a courtesy and is based upon space available on the bus, using an existing bus stop, and no improper behavior issues by your child. This must be approved by the Sherwood Transportation Director before your child can use the bus service. (This may take up to two weeks to complete.)

Requested Start Date for Bus Service: _____ Parent Phone # _____

Parent/Guardian Name (printed): _____

Parent/Guardian Signature: _____ Date: _____

Parent Email Address: _____

Transportation Office Use Only

☐ Approved. P/U Location and time: _____

D/O Location and time: _____

☐ Denied. Explanation: _____
