



**Carroll ISD
Alternate Transportation Request Form
2017-18**

****NO STUDENT WILL BE PERMITTED TO RIDE WITHOUT A TRANSPORTATION VOUCHER OR BUS PASS****

Campus Name:	<input type="text"/>	***If student does NOT have a semester or annual bus pass, please attach a one-way voucher here***	
Student Last Name:	<input type="text"/>		
Student First Name:	<input type="text"/>		
Grade Level:	<input type="text"/>	Date Using Transportation (mm/dd/yy) <input type="text"/>	Student Pass # <input type="text"/>
Reason for Request:	<input type="text"/>		Campus Initials <input type="text"/>

**** INITIALS GIVEN AFTER STAFF MEMBER VERIFIES STUDENT PASS # ****

Please transport my student per the indicated request:

(AM) Student will board bus at Stop Location below and ride to the campus indicated.

Look up address in infofinderi and input stop location (See link below)

<input type="text"/>	<input type="text"/>
Stop Location *	Bus #

(PM) Student will board bus at listed campus and ride to the Stop Location below.

Look up address in infofinderi and input stop location (See link below)

<input type="text"/>	<input type="text"/>
Stop Location *	Bus #

* Stop locations are listed at: <http://www.infofinderi.com/tfi/address.aspx?cid=C15N42YW8AH>

If student is riding with another registered bus rider, please provide other student's name.

<input type="text"/>	<input type="text"/>
Student Last Name	Student First Name

If student will be met at the bus, please provide person's name and relationship below.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name	Relationship to Student

Parent/Guardian Printed:	<input type="text"/>	<input type="text"/>
	Last Name	First Name

Parent/Guardian Signature:	<input type="text"/>	Contact Number: <input type="text"/>
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Number you can be reached on the date child will be transported as requested on this form.

Campus Staff Verification & Date