

Kenowa Hills Public Schools
Alternate Transportation Form
Siblings attending the same school may use one form

For office use only: AM Bus _____ Noon Bus _____ PM Bus _____

School Attending: _____ Effective Date _____

Student Name: _____ Grade _____

Student Name: _____ Grade _____

Student Name: _____ Grade _____

Address: _____

Home Tel.# _____

Work Tel.# _____

Parents Name: _____ Cell Tel.# _____

Home Stop: AM only PM only AM and PM

Monday Tuesday Wednesday Thursday Friday

(circle choices that apply)

Only one consistent alternate AM location and one consistent alternate PM location will be allowed other than the home location for the safety of our students. Exceptions must be requested in writing to the Transportation Supervisor.

Adult Name or Daycare Facility: _____ Tel. # _____

Relationship to student: Parent Daycare Provider Other _____
(circle choice that applies)

Alternate Address: _____

Alternate Stop: AM only PM only AM and PM

Monday Tuesday Wednesday Thursday Friday

(circle choices that apply)

Additional Information you feel might be necessary to share:

Parent or Guardian Signature Required: _____

Date: _____

Return Fax: 616-453-4828 or email transportation@khps.org