



ALTERNATE SITE APPLICATION
 Transportation Department
 676 North 300 East, Payson, Utah 84651
 801.465.6005 – Phone
 801.465.6009 – Fax
 Email: transportation@nebo.edu

Parent/Guardian Name: _____ Date: _____

Email (used for notification of approval/denial): _____ Telephone: _____

ALTERNATE SITE REQUEST

Responsible Party: _____ Telephone: _____

Address: _____
Street Address City Zip

Service(s) Requested: Pick up Drop off Summer only **Begin date:** _____

STUDENT(S)

Lunch ID #	Name	School	Grade
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

I hereby acknowledge, upon approval, busing will be provided as specified for each school year until a new form is submitted to change or end the alternate site transportation. I understand that transportation to/from an alternate address must be on a **daily** basis.

 Parent/Guardian Signature

 Date

CANCELLATION REQUEST

I hereby request the cancellation of the alternate site previously approved for my student beginning _____.

 Parent/Guardian Signature

 Date

TRANSPORTATION DEPARTMENT (Office Use Only)			
Route Approval: _____ <small>Initial</small>	Supervisor Approval: _____ <small>Initial</small>	Route Denial: _____ <small>Initial</small>	Supervisor Denial: _____ <small>Initial</small>
Bus No.: _____	Stop address: _____	Pick Up Time: _____	Drop Off Time: _____
Driver: _____ <small>Name</small>	Contacted: _____ <small>Date</small>	Parent emailed: _____ <small>Date</small>	