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: _____ Initial Supervisor Approval: _____ Initial Route Denial: _____ Initial Supervisor Denial: _____ Initial

Bus No.: _____ Stop address: _____ Pick Up Time: _____ Drop Off Time: _____

Driver: _____ Name Contacted: _____ Date Parent emailed: _____ Date