



SCHOOL DISTRICT OF NEW LONDON

Alternative Transportation Request Form

Form Must Be Filled out Completely

The legal responsibility of the School District of New London in transporting students to and from school is limited to providing services to their legal residences.

The district policy in dealing with requests by parents to have their student(s) transported to alternate locations is as follows:

1. The parent/guardian must make all requests in writing to the Transportation Office prior to August 1st. All requests must include the address and telephone number of the parent/guardian; the name, address and phone number of the childcare provider; the name(s) of the students involved; and a general statement agreeing to the terms for transportation to and from childcare providers.
2. The child may have a different pick-up point and drop-off point if the change is on a daily basis for the full year. Only ONE pick-up location and ONE drop-off location is allowed per child. Court ordered situations will be reviewed separately. Only two changes of childcare provider will be accepted during any one school year; except where there are extenuating circumstances, then the transportation supervisor may approve a change. Please allow two business days for processing.
3. There will be no modification or change in any route to accommodate the request.
4. A change of bus assignment will be allowed only if seating is available on the bus.
5. The request for transportation to and/or from a childcare provider must be renewed each school year.
6. Please allow two business days for processing.

Student's Name: 1. _____ Grade _____ School _____
2. _____ Grade _____ School _____
3. _____ Grade _____ School _____

Primary Home Address: _____

Primary Phone # _____

Transportation To/From Home: Yes No

If "Yes," Days at Home Address: M T W TH F When: AM PM

Alternate Location Information

Request Starting Date: _____

Name of Adult at Address: _____

Alternative Address: _____

Phone Number at Alternative Address: _____

Days At Alternative: M T W TH F When: AM PM

Signature of Parent/ Guardian: _____ Date: _____

Return completed form to: School District of New London Transportation Office
901 W Washington Street
New London, WI, 54961
Phone: 920-982-8543
Fax: 920-982-6384