



Transportation Department
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Inclement Weather Line: 552-3035

Web Site: www.dbqschools.org

REQUEST FOR ALTERNATE BUS STOP

Student _____

School _____

Requested Start Date ____/____/____

Address/Requested Pick Up Point (AM) _____

Contact Name _____ Phone # for above address (____) _____

Address/Requested Drop Off Point (PM) _____

Contact Name _____ Phone # for above address (____) _____

Parent/Guardian Information: Name _____

Address _____

Home Phone _____

Work Phone _____

Cell (____) _____

E-mail Address _____

Parent/Guardian Signature _____ Date ____/____/____

FOR OFFICE USE ONLY:

Description Code # _____

Current AM Stop # _____

New AM Stop # _____

Current PM Stop # _____

New PM Stop # _____

Assigned

AM Route/Bus ____/____

New AM Route/Bus ____/____

AM Shuttle Route/Bus ____/____

New AM Shuttle Route/Bus ____/____

PM Shuttle Route/Bus ____/____

New PM Shuttle Route/Bus ____/____

PM Route/Bus ____/____

New PM Route/Bus ____/____

Number of Requests for Alternate Stops _____