UNION SCHOOL DISTRICT ALTERNATE TRANSPORTATION SCHEDULE REQUEST

Please complete the following document to provide the Union School District with your child's transportation plan for the school year. Your child's schedule must be a fixed schedule. Only one morning and one afternoon request is permitted. A single request may be honored at a time. Please complete and return this form at least 72 hours prior to the requested effective date for processing. Please contact the Union School District Transportation Director at 814-473-6311 ext. 9 with any questions.

Student Name					
School Year					
Grade and Homeroom Te	eacher				
Parent/Guardian Name(s	s)				
Contact Number(s)					
Home Address					
Please complete the followable designated below. *Selecting "Walker" permi	ts your student (gi			-	
without parent/guardian s	upervision.				
*Selecting "Parent Pick-Up your student.	requires an adul	t to report t	o the school buildi	ng in the afteri	noon to pick up
	Walker		Parent Drop-off	Bus	#
Morning	A.M. Bus St	op Location			
	Monday	Tuesday	Wednesday	Thursday	Friday
	Walker		Parent Pick-up	Bus # _	
Afternoon	P.M. Bus Sto	P.M. Bus Stop Location			
	Monday	Tuesday	Wednesday	Thursday	Friday
Effective Date					
Parent Signature:				Date:	
	D	ISTRICT USE	ONLY		
	_ Approved	ved Denied			
Administration Signature	:	Date:			