

# Perquimans County Schools

## Transportation Department

139 Jimmy Hunter Drive, PO Box 337  
Hertford, NC 27944



**For School Use Only:**

Teacher: \_\_\_\_\_

*Jeffery Miller, Transportation Director*

*(252) 426-7515 Phone; (252) 426-7212 Fax*

### Parent Application for Alternate Transportation

I am requesting extra transportation for my child to ride to an alternate Perquimans County School's bus stop. I understand my request must meet the guidelines as described in Perquimans County School's Board of Education Policy 6321A.

#### Student/Parent Information

**All requests must be submitted by 10:00 am Monday in order to be processed for the week**

Student's Name: \_\_\_\_\_

School (check one):  PCS  HGS  PCMS  PCHS Grade: \_\_\_\_\_ Regular Bus Number: \_\_\_\_\_

Current Bus Stop Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_ Parent/Guardian Emergency Phone: \_\_\_\_\_

#### Transportation Change Information

Address for Alternate/New Transportation: \_\_\_\_\_

Alternate Transportation needed:  Both AM & PM Date(s) Needed: \_\_\_\_\_

AM Only Date(s) Needed: \_\_\_\_\_

PM Only Date(s) Needed: \_\_\_\_\_

Person Responsible at Alternate Transportation Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Reason for Alternate Transportation request: \_\_\_\_\_

By my signature, I understand and agree to the conditions of approval for Alternate Transportation.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal or Designee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The School will forward a copy of the Alternate Transportation Request form signed by Parent/Guardian and School Principal/Designee to the Transportation Department. Incomplete forms will not be processed and will be returned to the originating school. Once completed, a copy will be returned to the student's school.*

**ALTERNATE TRANSPORTATION WILL NOT BEGIN UNTIL APPROVED FORM IS RECEIVED FROM THE TRANSPORTATION DEPARTMENT.**

For Transportation office use only:

Approved  Denied Date: \_\_\_\_\_

Bus Number Serving Extra Transportation Address: \_\_\_\_\_

Note: \_\_\_\_\_

Transportation Director/Designee: \_\_\_\_\_