

2023 – 2024 Alternate Transportation Procedures

- # Students are assigned an AM and PM stop in our Transportation Information Management System (TIMS). Due to capacity issues and Bus Driver shortages we can only allow students to have one AM stop and one PM stop.
- # If a PERMANENT change needs to be made, a Parent/Guardian must complete and submit the Parent Application for Alternate Transportation by **10:00 am Monday** (or the first school day of the week) in order for the change to be processed for the current week.
- # **Incomplete forms will not be processed.**
- # **Phone calls for Alternate Transportation stops will not be accepted.**
- # **As Needed Transportation Forms will NOT be accepted/approved.**

Perquimans County Schools Transportation Department 139 Jimmy Hunter Drive, PO Box 337 Hertford, NC 27944 Terry Sawyer, Transportation Director		For School Use Only: Teacher: _____ (252) 426-7515 Phone; (252) 426-7212 Fax
Parent Application for Alternate Transportation		
<small>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.</small>		
Student/Parent Information		
<small>All requests must be submitted by 10:00 am Monday in order to be processed for the week</small>		
Student's Name: _____		
School (check one): <input type="checkbox"/> PCS <input type="checkbox"/> HGS <input type="checkbox"/> PCMS <input type="checkbox"/> PCHS Grade: _____ Regular Bus Number: _____		
Parent/Guardian Name: _____		
Parent/Guardian Phone: _____ Parent/Guardian Emergency Phone: _____		
Transportation Change Information		
Address for Alternate/New Transportation: _____		
<small>*Note: At this time all changes are PERMANENT</small>		
Alternate Transportation needed: <input type="checkbox"/> Both AM & PM Date(s) Needed: _____		
<input type="checkbox"/> AM Only Date(s) Needed: _____		
<input type="checkbox"/> 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: _____		
<small>The School will forward a copy of the Alternate Transportation Request form signed by Parent/Guardian and School Principal/Designee to the Transportation Department. <u>Incomplete forms will not be processed and will be returned to the originating school.</u> Once completed, a copy will be returned to the student's school.</small>		
<small>ALTERNATE TRANSPORTATION WILL NOT BEGIN UNTIL APPROVED FORM IS RECEIVED FROM THE TRANSPORTATION DEPARTMENT.</small>		
<small>For Transportation office use only:</small>		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: _____ Bus Number Serving New Transportation Address: 		
Note: _____		
Transportation Director/Designee: _____		

- # The Parent Application for Alternate Transportation may be obtained from your Child's School or from the Perquimans County Schools Web Site (www.pqschools.org).