

2024-2025

BEFORE & AFTER SCHOOL CARE TRANSPORTATION REQUEST

This form is for requesting permission for your student to access an existing, eligible, alternate bus stop during the 2024-2025 school year.

Please read the following criteria prior to filling out and submitting the information below.

- 1. Eligible Address. The alternate or temporary address must be within the eligible bussing area of the student's school of attendance. SPS does not bus from one school attendance area to another.
2. Space Available. There must be available spacing on the bus being assigned to the student for access to the alternate stop (when on a different bus than the originally assigned route).
3. Bus Rules. Student follows bussing expectations, rules and regulations. If student receives one bus citation, permission may be revoked. Parent/Guardian and school will be notified via email one week prior in order to make other arrangements.
4. Set Schedule. A set schedule of days is required in order for your student's bus information to show in the bussing app. "As needed" is not an available option.

Please complete a separate form for each school your child(ren) attends.

Student Name: Student ID#: Grade:

Address: School of Attendance: Registered Home Address on File in PowerSchool

Parent/Guardian: Home/Cell Phone:

I am requesting access to an alternate address for (please mark one):

Before/After School Care

Shared Custody

Temporary Residence Change (minimum 10 days or more)

Alternate Address: Physical Address Required

Contact Person at this Address: Phone #:

Days of week student will access the related stop TO school: Mon__Tues__Wed__Thur__Fri__

Days of week student will access the related stop FROM school: Mon__Tues__Wed__Thur__Fri__

Effective Dates: From: To: (within the 24-25 school year).

Signed: Date: Parent/Legal Guardian Signature

TO BE COMPLETED BY TRANSPORTATION DEPARTMENT ONLY

Home Eligible: Yes ___ No ___ Route # ___ / ___ Assigned Stop ___
Alternate Eligible: Yes ___ No ___ Route # ___ / ___ Assigned Stop ___
Transportation Approval: Yes ___ No ___ Current Student Count: ___ Capacity: ___
Reason for denial: Address Ineligible Walk Boundary No Space Available Other
Authorized by: Date:

After completing form, please send to: Transportation Specialist/Supervisor
SPS Transportation: 2815 E Garland Ave Spokane, WA 99207 or email to danig@spokaneschools.org