

School Use Only:

Date \_\_\_\_\_

**DAYCARES: FAX TO ATTENDING SCHOOL**

**SCHOOLS: Students with a permissive transfer are not eligible for GCPS transportation. Approval is required for all alternates other than commercial daycares.**

**The Alternate Bus Stop goes into effect after this data has been approved by your Transportation Supervisor and entered into SASI.**

Route # _____
Car Rider _____
Daycare _____

Alternate Address entered into SASI

Alternate Address Approved \_\_\_\_\_  
(Transportation Supervisor/Designee)

(Date Entered) (School Official Name)

Alternate Address Declined \_\_\_\_\_  
(Transportation Supervisor/Designee)

## SY \_\_\_\_\_ Gwinnett County Public Schools Alternate Bus Stop Registration

SCHOOL \_\_\_\_\_ STUDENT ID \_\_\_\_\_ GRADE \_\_\_\_\_ TEACHER \_\_\_\_\_

STUDENT NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
LAST FIRST MIDDLE

HOME ADDRESS \_\_\_\_\_ APT# \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

IS CHANGE DUE TO A NEW HOME ADDRESS? YES \_\_\_\_\_ NO \_\_\_\_\_

### CONTINUE ONLY IF ALL OF THE FOLLOWING APPLY:

1. The morning and/or afternoon address below is for **ALL 5 DAYS**.
2. The morning and/or afternoon address below is **within your assigned school zone, or the sitter/daycare provides all transportation.**
3. Your child goes to a daycare/sitter/relative before **and/or** after school.
4. **You agree to submit to the school a new Alternate Bus Stop Registration form for ANY change to your child's permanent transportation.**
5. Alternate address requests for reasons other than daycare require supervisor approval and must be for 5 days a week.  
**Students cannot be picked up or returned to different locations on different days of the week.**  
**For emergency situations, you must request a bus pass from your child's school.**

### MORNING ADDRESS: IF OTHER THAN HOME ADDRESS

\_\_\_\_\_  
(Street Address) (Apt #) (City) (Zip Code)

Name of daycare/sitter \_\_\_\_\_ Phone \_\_\_\_\_

Does the daycare provide transportation to/from school? Yes \_\_\_\_\_ No \_\_\_\_\_

Date requested to begin service \_\_\_\_\_

### AFTERNOON ADDRESS: IF OTHER THAN HOME ADDRESS

\_\_\_\_\_  
(Street Address) (Apt #) (City) (Zip Code)

Name of daycare/sitter \_\_\_\_\_ Phone \_\_\_\_\_

Does the daycare provide transportation to/from school? Yes \_\_\_\_\_ No \_\_\_\_\_

Date requested to begin service \_\_\_\_\_

Parent Name \_\_\_\_\_ Parent Signature \_\_\_\_\_

Parent signature required to process request. Date \_\_\_\_\_