

PLYMOUTH COMMUNITY SCHOOL CORPORATION
 ALTERNATIVE BUS PICK-UP / DROP-OFF
 (for qualified students)

Student Name _____

Home Address _____

Parent / Guardian _____

Home Phone _____

School Attending _____

Bus number picking up student at residence _____

Due to family situations my child will not always be picked up or dropped off at our residence. I realize the availability of transportation to or from other points is a service provided by the Plymouth Community School Corporation. In accordance with the policies of the school corporation, I am making a commitment to the following transportation plan for my child. The plan will not be altered without written documentation from me or in extreme cases, verbal communication with the office of my child's school.

 Signature of Parent / Guardian

If pick-up or drop-off is the student's home, mark "home" in the space and do not include the address, phone number, or person responsible.

Day of the Week	Pick-up address, phone and person responsible	Drop-off address, phone and person responsible
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

You will be notified if this plan DOES NOT meet the policy or there is not enough room on the alternate bus.