



10782 Wattsburg Road Erie, PA 16509
 P (814) 824-3400
 F (814) 824-5200 www.wattsburg.org

Alternate Transportation Request

ALTERNATE TRANSPORTATION REQUEST

Requests are subject to the following criteria:

1. Alternate Transportation Requests will not be granted unless both addresses are within the boundaries of Wattsburg Area School District
2. There is space available on the alternative bus requested and the stop is already designated on an established bus route.
3. The schedule must be the same set schedule every day and week (no variations).
4. Request for changes to a student's normal bus schedule must be made in writing and submitted to the District Administrative Office at least 2-weeks in advance.

Return Paper Forms to:

District Administrative Office
 10782 Wattsburg Road
 Erie, PA 16509

Return Forms via email:

Fillable forms are available at: www.wattsburg.org Email
 completed form(s) to: transportation@wattsburg.org

Primary Address:

Parent/Guardian Last Name: _____	Parent/Guardian First Name: _____
Home Address: _____	City: _____ ST: ____ Zip Code: _____
Email Address: _____	Home Phone: _____
Mobile Phone: _____	Work Phone: _____
Parent/Guardian Signature: _____	Date: _____

Secondary Address:

Describe Address (Grandparent, Relative, Day Care, etc.): _____

Responsible Adult Last Name: _____	First Name: _____
Address: _____	City: _____ ST: ____ Zip Code: _____
Email Address: _____	Home Phone: _____
Mobile Phone: _____	Work Phone: _____

Transportation Schedule:

Date of Requested Transportation Change to Begin: _____ (Month/Day/Year)

- Please submit at least two-weeks in advance.
- This form does not need to be completed each year unless there is a change.
- Students will be picked up and dropped off at one (1) consistent bus stop. This bus stop can be one for the AM pick-up and a different stop for the PM.

Student Last Name	Student First Name	Grade	AM Pickup	PM Dropoff
			<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary
			<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary
			<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary
			<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary
			<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary

#1 District Office Use

Date Received: _____

Copy(s) Forwarded:

WAEC WAMS SENECA

#2 School Office Use

Date Received: _____

Principal Approved (signature): _____

Yes No

Notified Parents: Yes Email Phone

Transportation Office Use:

Date Received: _____

Status: Approved Denied

Notified Parents: Yes Email Phone

Transportation Supervisor (signature):

_____ Date: _____

NOTES