



**Kenowa Hills Public Schools**  
**Alternate Transportation Form**  
 Siblings attending the same school may use one form

<b>For office use only:</b>	
AM Bus	_____
Noon Bus	_____
PM Bus	_____

School Attending: \_\_\_\_\_ Effective Date \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_

Address: \_\_\_\_\_

Parents Name: \_\_\_\_\_ Home Tel.# \_\_\_\_\_  
 Work Tel.# \_\_\_\_\_  
 Cell Tel.# \_\_\_\_\_

**Home Stop:**      **AM only**      **PM only**      **AM and PM**  
 (circle choices that apply)  
**Monday**      **Tuesday**      **Wednesday**      **Thursday**      **Friday**

.....  
**Only one consistent alternate AM location and one consistent alternate PM location will be allowed other than the home location for the safety of our students. Exceptions must be requested in writing to the Transportation Supervisor.**

Adult Name or Daycare Facility: \_\_\_\_\_ Tel. # \_\_\_\_\_

Relationship to student:      Parent      Daycare Provider      Other \_\_\_\_\_  
 (circle choice that applies)

Alternate Address: \_\_\_\_\_  
 \_\_\_\_\_

**Alternate Stop:**      **AM only**      **PM only**      **AM and PM**  
 (circle choices that apply)  
**Monday**      **Tuesday**      **Wednesday**      **Thursday**      **Friday**

Additional Information you feel might be necessary to share:

**Parent or Guardian Signature Required:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**Return email:** [transportation@khps.org](mailto:transportation@khps.org)