

Bus # _____

Time: _____

Shuttle: _____

**REQUEST FOR TRANSPORTATION VARIANCE
2020-2021**

When transportation is provided by a school district, State of Michigan Law regarding the transportation of students requires that students be transported to/from their home address unless a special "variance request" is made by a parent and is granted by the school administration. This request is for any extended length of time in excess of one day. This request is not to be used to facilitate a single day situation. Approval must be granted by the school Principal and Transportation Supervisor before the request is approved.

*A minimum of **FIVE (5) school days** is required for the variance to be processed and implemented. **Parents are allowed to request transportation to ONE additional location in addition to their child's residence. Variances DO NOT carry over from the previous year. They MUST be filled out every school year.** **Due to COVID-19, transportation variances cannot be guaranteed.*

Date of Request _____

NAME OF STUDENT: _____ **PHONE** _____

SCHOOL _____ **GRADE** _____

STUDENT'S HOME ADDRESS _____

Please describe the change you are requesting _____

Explain why the change is needed _____

Name and address of where your student needs to be transported _____

_____ **PHONE # OF ADDRESS** _____

AM _____ **PM** _____ **or BOTH** _____

Frequency of this new destination _____

DURATION OF VARIANCE: _____ **REST OF YEAR** _____

UNTIL (DATE) _____

UNTIL FURTHER NOTICE _____

Date when variance is to begin _____

Parent's Signature _____

Principal's Signature _____

Approved _____ **Not Approved** _____

Director of Transportation Signature _____

Approved _____ **Not Approved** _____