REQUEST TO PROVIDE TRANSPORTATION TO/FROM AN ALTERNATE LOCATION

School Year:_____

Please complete the following information and forward to Hampton Township School District, 4591 School Drive, Allison Park, PA 15101, Attention: Mr. Jeffrey Kline, Transportation Director or fax to: 412-487-6674. When requesting an alternate address for elementary students, the alternate address must be within the same elementary area as your home address.

As a reminder: a new request form needs to be completed for each school year, even if prior request information will continue. Thank you

Students Name	:		Building:
	Last	First	Grade Level:
Home Address:	:		
	s):		
Alternate Locat	tion Address:		
Name/Relation	nship:		
Pho			
Transportation	Afternoon transporta	ion only (student will be t	aken to regular bus stop in PM) picked up at regular bus stop in AM) noon
Starting Date:		(Please allow ι	up to 10 business days for processing)
Other Informat	ion:		
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