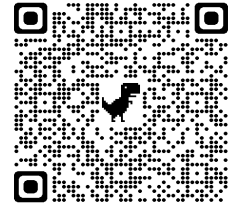


# Hebron Public Schools

## Alternate Pick Up/Drop Off Request Form 2023-2024 School Year

(For pick up/drop off OTHER than  
the students primary home address)

You may also complete this form  
online by scanning the QR code!



**Please submit by July 1, 2023**

Please contact the Hebron Board of Education Central Office at 860-228-2577 with any questions related to this form. Multiple children can be included on a single form, however, please only use this form for children with identical transportation requests.

Bus routes are developed based on home addresses. **Please complete this form each year ONLY if you are requesting a pick up/drop off other than your home address, or if you do not intend to have your child(ren) ride the bus.** Requests may be granted under the following circumstances:

- 1.) The request is for 3 months or more (exceptions may be granted by the Superintendent in the event of emergencies.)
- 2.) The location of the special request is on an existing route to and from the child's school.
- 3.) There is space available on the bus (preference is given to students who reside on the route; therefore, a student who has received a transportation request may have this permission revoked at any time.)
- 4.) The location of the AM pick up and PM drop off may be different but must be consistent Monday through Friday.
- 5.) This request will not disrupt the bus schedule as determined by the administration.
- 6.) Any adjustment submitted after July 1st may not be accommodated by the 1st day of school to provide adequate time for bus routes to be mapped. Mid-year adjustments must be submitted 5 business days in advance of the requested start date.

**Student Name(s)**

**Grade for 2023-2024**

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**Requested Start Date:** \_\_\_\_\_ **Student Home Address:** \_\_\_\_\_

### Morning Pick Up:

- My child will take the bus from their home address
- My child will take the bus from an *alternate address* (e.g: Daycare/Prep/Babysitter)  
Supervising Adult's Name: \_\_\_\_\_  
Supervising Adults Address: \_\_\_\_\_  
Supervising Adults Phone Number: \_\_\_\_\_
- My child will **not** need bus transportation in the morning.
- My child will attend morning PREP and does **not** need bus transportation. (Gilead students only)

### Afternoon Drop Off:

- My child will take the bus to their home address.
- My child will take the bus to an *alternate address* (e.g: Daycare/Prep/Babysitter)  
Supervising Adult's Name: \_\_\_\_\_  
Supervising Adults Address: \_\_\_\_\_  
Supervising Adults Phone Number: \_\_\_\_\_
- My child will **not** need bus transportation in the afternoon.
- My child will attend afternoon PREP and does **not** need bus transportation. (Gilead students only)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date