



**DEPARTMENT OF DEFENSE EDUCATION ACTIVITY  
EUROPE – SOUTH DISTRICT  
SIGONELLA COMPLEX SCHOOLS**



**REQUEST FOR ALTERNATE SCHOOL BUS TRANSPORTATION**

(Please Print)

STUDENT NAME: \_\_\_\_\_

GRADE: \_\_\_\_\_ TEACHER NAME: \_\_\_\_\_  
(Elementary School Only)

DATE TO RIDE ALTERNATE BUS: \_\_\_\_\_ AM/PM

REQUESTED ALTERNATE BUS NUMBER: \_\_\_\_\_

BUS STOP LOCATION: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**SPONSOR/PARENT/GUARDIAN ACKNOWLEDGEMENT OF THE FOLLOWING  
CONDITIONS:**

- a) This is a "Space Available Request Only".
- b) I understand that frequent requests, or requests to change bus stops on a day-to-day basis (e.g. Monday, Wednesday, and Friday at one stop; Tuesday and Thursday at another) are not authorized.
- c) My family member is enrolled in a category entitled to space-required transportation and a registered school rider.

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Parent Signature