

# NESHANNOCK TOWNSHIP SCHOOL DISTRICT

3834 Mitchell Road  
New Castle, PA 16105  
724/658-4793 FAX 724/658-1828

## Request for Alternate Bus Stop or Child Care Provider

Name of Child \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Name of Parent(s) and/or Guardian(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone Daytime \_\_\_\_\_ Evening \_\_\_\_\_

**A.M. - Pick Up Information (Must be the same location Monday through Friday.)**

Regular Bus # \_\_\_\_\_ A.M. Time and Stop \_\_\_\_\_

Reason(s) for requested pick up change \_\_\_\_\_

Requested bus stop: Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**P.M. - Drop Up Information (Must be the same location Monday through Friday.)**

Regular Bus # \_\_\_\_\_ A.M. Time and Stop \_\_\_\_\_

Reason(s) for requested pick up change \_\_\_\_\_

Requested bus stop: Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Allow 2 Days for bus change. Date request is to begin: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent(s) and/or Guardian(s)

\_\_\_\_\_  
Date

(For Office Use Only)

Memorial Elementary

NTSD Junior High

NTSD High School

A.M. Alternate Bus # \_\_\_\_\_

A.M. Time \_\_\_\_\_

Stop \_\_\_\_\_

A.M. Alternate Bus # \_\_\_\_\_

A.M. Time \_\_\_\_\_

Stop \_\_\_\_\_

\_\_\_\_\_  
Director of Transportation

\_\_\_\_\_  
Date