# Hartland Schools Transportation Department

9525 E. Highland Road, Howell, MI 48843

**Office** 810 –626-2175 • **Email** transportation@hartlandschools.us

## BUS ASSIGNMENT FORM - SCHOOL OF CHOICE
## 2026/2027

Student's Name_____Date _____

School _____Grade _____

Mother's Name _____ Father's Name _____

Home Address _____

| Home | Mother's Work | Father's Work |
|---|---|---|
| Phone #_____ | Phone # _____ | Phone #_____ |
| | Cell Phone # _____ | Cell Phone # _____ |

All students will be assigned to **one bus stop** located in the attendance area of the school they are enrolled in.  The **same** location must be used for pick-up and drop off.  School of Choice students will only be assigned to a bus stop that currently has in-district students actively using it.  At any point when in-district students no longer use the assigned stop, School of Choice students will no longer be able to use that location and will need to be re-assigned to a different bus stop.  Parents or designee **must be present** at the assigned bus stop before and after school unless permission in writing is on file at the transportation office.

**\*\*Note\*\* Requests are only approved upon bus space availability and may be cancelled at any time.** Priority for space availability is given to in-district students living in the route area of the bus.  It may become necessary to cancel this bus stop approval if space becomes limited.  Should this be necessary, the transportation department may be able to offer other options.  Changes to this arrangement must be submitted for approval at least 48 hours in advance**.** A **new form** must be completed **annually** and given to the transportation office by **June 15th** if enrolling for the first semester and **December 15th** if enrolling for the second semester.

**Stop Location:** _____

**Effective Date:** _____

*I give permission to release my student from the bus without a parent/designee present.*

*YES / NO (circle one)*

**Parent Signature** _____

• • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • •

Transportation Department Use "ONLY"                Process Date_____

Driver _____ Bus # _____  Driver _____  Traversa _____  School _____  File _____