

Hartland Schools Transportation Department
9525 Highland Road, Howell, MI 48843
Office 810 –626-2175 • **Email** transportation@hartlandschools.us

ALTERNATE DESTINATION REQUEST FORM
2026/2027

Student's Name _____ Date _____

School _____ Grade _____

Mother's Name _____ Father's Name _____

Home Address _____

Home Phone # _____ Mother's Work Phone # _____ Father's Work Phone # _____

Cell Phone# _____ Cell Phone# _____

Name of Daycare Provider/Responsible adult _____

Address of Daycare Provider/Alternate location _____

Phone # of Daycare Provider/Alternate location _____

Approval of this request allows students to be picked up and dropped off at a location in their attendance area other than the bus stop nearest their home address. Students may be assigned to one alternate bus stop for pick-up and drop off (Monday through Friday, or they can have one bus for morning and a different one for afternoon. Both choices must be a 5 day a week arrangement only. If you choose different stops for morning and afternoon, students must ride from the same location every morning and ride to the same location every evening, with the exception of scheduled ½ days of school for the entire district. Students can only be assigned to activated universal bus stop locations in their **own attendance area** that are currently being used by other students, additional stops will not be added. A **new form** must be **submitted annually** to the transportation office by **June 15th** to request an alternate bus stop for the new school year. After June 15th, new requests or changes must be submitted for approval at least 48 hours in advance.

****Note** Requests are only approved upon space availability and may be cancelled if necessary.**

Priority is given to students living in the route area of the bus. If it is necessary to cancel this request, the transportation department may be able to offer other options.

A.M. **Everyday** Pick-Up Location _____

P.M. **Everyday** Drop-Off Location _____

Effective Date _____

Parent Signature _____

Transportation Department Use "Only" _____ Process Date _____

AM Driver _____ Bus # _____ Driver _____ Traversa _____ School _____

PM Driver _____ Bus # _____ File _____