

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

ALTERNATE DESTINATION REQUEST FORM – JOINT CUSTODY
2026/2027

Student's Name _____ Date _____

School _____ Grade _____

Mother's Name _____ Home Phone# _____
Mother's Work# _____
Cell Phone # _____

Mother's Address _____

Father's Name _____ Home Phone # _____
Father's Work # _____
Cell Phone # _____

Father's Address _____

Is there any reason we should question the legal guardianship or parental rights associated with this request?

No _____ Yes _____ If yes, please describe _____

****Note**** A monthly location schedule is required to be submitted to the transportation office. Students can only be assigned to universal bus stop locations that are **in district** and in **the attendance area of the school that they are enrolled in**. Both parents must sign this form. It is the parent's responsibility to make sure their student knows which location they need transportation to on a daily basis. A **new form** must be **completed annually**. To arrange transportation for the beginning of the school year, forms must be received by **June 15th**. After school is in session, new requests or changes must be submitted for approval at least 48 hours in advance.

Mom's Stop Location _____

Dad's Stop Location _____

Effective Date _____

Mother's Signature _____ Father's Signature _____

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Transportation Department Use "ONLY"

Process Date _____

Mom's Driver _____ Bus # _____

Driver _____ Traversa _____ School _____

Dad's Driver _____ Bus # _____

File _____