Hartland Schools Transportation Department

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

ALTERNATE DESTINATION REQUEST FORM 2025/2026

Student's Name			D	ate
School	Grade			
Mother's Name	Father's Name			
Home Address				
Home #	Mother's Work Phone #		Father'	s Work ne #
	Cell Phone#		Cell Phon	e#
Name of Daycare Provi	ider/Responsible adult			
Address of Daycare Pro	ovider/Alternate location			
Phone # of Daycare Pro	ovider/Alternate location			
scheduled ½ days of solocations in their own added. A <u>new form</u> no stop for the new school hours in advance. **Note** Requests a Priority is given to stu	nust be submitted annually t	tudents can only rently being used o the transportation requests or change availability are of the bus. If it	be assigned to by other stude on office by <u>Ju</u> ges must be sub	activated universal bus stop nts, additional stops will not be <u>une 15th</u> to request an alternate bus omitted for approval at least 48 celled if necessary.
A.M. Everyday Pick-U	Jp Location			
P.M. Everyday Drop-C	Off Location			
Effective Date				
Parent Signature				
**************************************		*****		********
AM Driver	Bus #	Driver	Poly Plot	School
PM Driver	Bus #	File		