

Request for Special Permission / Alternate Bus Stop

(Complete one request per student & fax to the Area Supervisor Jonesboro Area @770-603-5785 / Garden Walk Area @ 770-603-5784)

□ Alternate Bus/Bus Stop – Childcare pur □Alter	ooses
Parent/Guardian Name:	
Parent/Guardian daytime phone #:	Email:
Student Name:	
Address:	
Phone # for alternate address:	
Alternate address:	
Reason for needing alternate address:	
Current Shuttle Location (if applicable):	
Requested Shuttle Location (if applicable):	
	DPM DBoth
Parent/Guardian Signature:	
	requests will be reviewed accordingly.
	ation of the current school year. You must <u><i>Re-Apply</i></u> for at the
	ease note that special permission is approved based on space
approved/first removed. Students must abide by r	on, special permission could be terminated based on the last es stated in the CCPS Code of Conduct.
Your Request has been	Denied by

Bus #	Load #	Driver Name:	
Bus Stop Loca	ation Used:		
Spoke With:		Date:	
Date to Start:		Permission For: 2019-2020 School Year	