

Transportation Center
 1220 SW Walnut Street
 Hillsboro, OR 97123
 Office: (503) 844-1123
 FAX: (503) 681-4689

Hillsboro School District 1J 2009 - 2010 School Year



Alternate Pick Up and Drop Off Information

Bus transportation is only provided outside the designated walk zone within your school attendance boundary. Please complete this form if your student is to be picked up and/or dropped off at a location other than their home address on a regular established schedule. **All requests apply to the current school year only.**

Requests for multiple pick up and drop off locations that are not on a regular schedule cannot be accommodated. Students may not "choose" where to be picked up or dropped off. Requests for alternate week changes cannot be accommodated. Temporary changes (less than 1 month) must be in the form of a note to the school on the date of the requested change. Return this completed form to your school, or to the Transportation Center. If you have any questions, please call Transportation at (503) 844-1123.

**CHANGES TO TRANSPORTATION MAY TAKE UP TO 5 DAYS TO COMPLETE.
 YOU WILL BE NOTIFIED BY TRANSPORTATION WHEN ARRANGEMENTS ARE IN PLACE.**

Check One:				<input type="checkbox"/> This is a New Request	<input type="checkbox"/> This is a Change from Previous Request
				<input type="checkbox"/> Delete Previous Request and use Home Address	
Name: _____		Date: _____			
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Last Name (Please list all)		First Name			
Student ID #: _____	Grade: _____	Teacher: _____	Day Phone: _____		
Home Address: _____			Alternate Phone: _____		
			Emergency Phone: _____		
School: _____					

Alternate Pick Up Address:		Days of Week to Pick Up (Check all that apply)				
<i>(MUST have house # AND street name)</i>		House # _____	Street Name _____			
			Mon <input type="checkbox"/>	Tue <input type="checkbox"/>	Wed <input type="checkbox"/>	Thu <input type="checkbox"/>
			Fri <input type="checkbox"/>			
Name of Care Provider: _____				Phone: _____		

Alternate Drop Off Address:		Days of Week to Drop Off (Check all that apply)				
<i>(MUST have house # AND street name)</i>		House # _____	Street name _____			
			Mon <input type="checkbox"/>	Tue <input type="checkbox"/>	Wed <input type="checkbox"/>	Thu <input type="checkbox"/>
			Fri <input type="checkbox"/>			
Name of Care Provider: _____				Phone: _____		

Signature _____ Date _____ Relationship to Student _____

Official Use Only	Date Processed: _____	School: _____	Input by: _____
		Transportation: _____	Input by: _____