

**PINCKNEY COMMUNITY SCHOOLS**  
**TRANSPORTATION SERVICES**  
**2020 M-36, PINCKNEY MI 48169 (810) 225-3960**  
**REQUEST FOR 2<sup>ND</sup> DESTINATION BUSING**

Please fill out this form completely. Failure to do so will delay processing. Complete one form for each school. **This form is mandatory should your student need busing to/from a 2<sup>nd</sup> destination (OTHER THAN HOME) and must be submitted each school year.**

- **Submit by: JULY 1<sup>st</sup>** Forms received after this date may be subject to delayed processing.  
Please allow 5 days for processing if submitted after the start of the school year.
- **Submit to:** 1) email to dispatcher@pinckneypirates.org 2) transportation dept. office or 3) school office

**PLEASE PRINT**

DATE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

I hereby request permission and accept responsibility for my/our child(ren) listed below to be granted the following transportation change for pick up and/or delivery.

NAME OF STUDENT(S) \_\_\_\_\_ GRADE \_\_\_\_\_  
 \_\_\_\_\_ GRADE \_\_\_\_\_

NAME OF PARENT/GUARDIAN: \_\_\_\_\_

TELEPHONE: HOME \_\_\_\_\_ CELL 1: \_\_\_\_\_ CELL 2: \_\_\_\_\_

**H) HOME ADDRESS:** \_\_\_\_\_

**2<sup>ND</sup> DESTINATION REQUEST:**

CAREGIVER'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**S) SECONDARY DESTINATION ADDRESS:** \_\_\_\_\_

Place an **H** for busing to/from Home address and an **S** for busing to/from Secondary address in the appropriate box below.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM PICK-UP					
PM DROP-OFF					

REQUESTED START DATE: \_\_\_\_\_ PARENT SIGNATURE: \_\_\_\_\_

The Transportation Department will use the following criteria to base its decision to provide transportation to/from a secondary address:

- Secondary transportation requests depend on space availability on bus.
- The secondary address must be within the school attendance boundary.
- The secondary location must be near an established stop on the bus route.
- Students are allowed transportation to a maximum of **2 destinations only**, including the home stop.

FOR OFFICE USE ONLY

DATE RECEIVED: \_\_\_\_\_ **H** BUS # \_\_\_\_\_ **H** STOP : \_\_\_\_\_  
 DATE ASSIGNED: \_\_\_\_\_ **S** BUS # \_\_\_\_\_ **S** STOP: \_\_\_\_\_  
 DISTRIBUTION: \_\_\_\_\_ 1. File \_\_\_\_\_ 2. Bus Driver \_\_\_\_\_ 3. School