

Parent Permission and Request for Bus Service Alternate Address

Conroe Independent School District

Student Information

Campus _____ Bus number _____

Student's name _____ Grade _____

Home address _____

Alternate address _____

Alternate bus number _____

Alternate address services needed for:

Date _____ Time _____ a.m. _____ a.m.

Reason for requesting alternate service

Print parent's/guardian's name

Parent's/Guardian's signature

Home phone number

Emergency phone number

Work phone number

**Approval for transportation based on seat availability.
Alternate address must remain in the attendance zone of the campus.**

Alternate transportation approved by _____
Print principal's name

Principal's signature



A copy of this form must be given to the alternate bus and regular bus drivers.