

John Toups Supervisor

SY: 2023-24

ALTERNATE STOP REQUEST FORM (Pre-K-8th)

| r | | ALIEN | MAIL | SIOI KE | QUEST FU | /IXIVI (<i>I I</i> (| e-n-0 | | | | | | |
|---|--|-----------------|------------|-------------------|--|-----------------------|----------|-----------|---------|------|--------------------------------|--|--|
| STUDENT N | IAME: | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| NAME OF S | CHOOL ATTENDING: | | | | | | | | | GRAD | DE: (Pre-K – 8 th) | | |
| 10.01.2.01.0 | CHOOL / HENDING | | | | | | | | | | | | |
| | | | | | | | <u> </u> | | | | | | |
| STUDENT A | DDRESS: | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| GENDER: | DATE OF BIRTH: | | IS STUDEN | T REGISTERED \ | EGISTERED WITH LONG BEACH UFSD? HOME PHO | | | | | ONE: | | | |
| | | | /ES | NO | | | | | | | | | |
| | | l . | | | NCUID AT T | HIC ADD | DECC | | | | | | |
| PERSONS IN GUARDIANSHIP AT THIS ADDRESS | | | | | | | | | | | | | |
| MOTHER/LE | GAL GUARDIAN'S NA | ME: | | EMAIL ADD | RESS: | | | | PHONE: | | | | |
| | | | | | | | | | | | | | |
| EATHED/LE | CAL CHAPDIAN'S NAI | ME. | | EMATI ADD | DECC. | | | | PHONE: | | | | |
| FATHER/LEGAL GUARDIAN'S NAME: EMAIL ADDRESS: | | | | | THONE | | | ·L. | | | | | |
| | | | | | | | | | | | | | |
| ALTERNATE STOP INFORMATION | | | | | | | | | | | | | |
| NAME: PHONE: | | | | | | | | HONE: | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| ADDRESS: | | | | | CELL: | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| AM PICKUP | AM PICKUP ONLY: PM DRC | | | | P-OFF ONLY: BOTH | | | | AM & PM | | | | |
| DAYS OF THE WEEK AM: DAYS OF THE WEEK PM: | | | | | | | PM: | | | | | | |
| | | | | | | | | | | | | | |
| М | T W | TH | F | M-F | M | T | W | TH | 1 | F | M-F | | |
| | | | COND | <u>ITIONS FOR</u> | ALTERNATE S | TOPS: | | | | | | | |
| 1. S | tudents are only perm | nitted one alte | ernate sto | p in the AM ar | nd one in the PM. | | | | | | | | |
| | he address of excepti | | | | | | | | | | | | |
| 3. E | ligibility Requirements For Pre-K: Distance | | | | | | | | | | | | |
| | For K-5: Distance f | | | | | | ilic. | | | | | | |
| | | _ | | | | | | | | | | | |
| Please Email to: <u>forms-transp@lbeach.org</u> | | | | | | | | | | | | | |
| I cortify t | hat the above inf | ormation i | s correc | t and undo | retand all of t | he abovo | aliaih | ility con | dition | c Tf | any of the | | |
| | | | | | | | | | | | | | |
| information above is not accurate or if the above stated conditions have not been met, transportation services will be revoked. | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| Parent/Lega | al Guardian's Signatur | e: | | | | | D | ate: | | | | | |
| | | | | | | | | | | | | | |