

**Independence Local Schools**  
**Alternate Address -- Bus Request Form**

***This form is to be utilized when your child's pick up or drop off locations are different due to shared parenting, daycare, etc.***

PLEASE NOTE: A 5-DAY NOTICE IS NEEDED TO IMPLEMENT CHANGES.

Date: \_\_\_\_\_ School Attending \_\_\_\_\_

Student's Name: \_\_\_\_\_

Reason (child care, shared parenting, etc.): \_\_\_\_\_

Pick up at

Home Address: \_\_\_\_\_

Days of week: Mon \_\_\_ Tue \_\_\_ Wed \_\_\_ Thur \_\_\_ Fri \_\_\_

Pick up at

Alternate Address: \_\_\_\_\_

Days of week: Mon \_\_\_ Tue \_\_\_ Wed \_\_\_ Thur \_\_\_ Fri \_\_\_

Drop off at

Home Address: \_\_\_\_\_

Days of week: Mon \_\_\_ Tue \_\_\_ Wed \_\_\_ Thur \_\_\_ Fri \_\_\_

Drop off at

Alternate Address: \_\_\_\_\_

Days of week: Mon \_\_\_ Tue \_\_\_ Wed \_\_\_ Thur \_\_\_ Fri \_\_\_

Parent Signature: \_\_\_\_\_

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