

Office Use Only

BUS# \_\_\_\_\_

AM SHUTTLE: \_\_\_\_\_

PM SHUTTLE: \_\_\_\_\_

**REQUEST FOR TRANSPORTATION VARIANCE  
2022-2023**

When transportation is provided by a school district, State of Michigan Law regarding the transportation of students requires that all students be transported to/from their home address unless a special “variance request” is made by a parent and is granted by the school administration. This request is for any extended length of time in excess of one day. This request is not to be used to facilitate a single day situation. Approval must be granted by the Transportation Supervisor and School Principal before the request is approved.

*A minimum of **FIVE (5) school days** is required for the variance to be processed and implemented. Parents are allowed to request transportation to **ONE additional FLUSHING RESIDENCE ADDRESS** in addition to their child’s residence. **Variations DO NOT carry over from the previous year. They MUST be filled out every school year. \*\*\* STUDENTS WITH DIFFERENT LAST NAMES MUST FILL OUT SEPARATE FORMS.***

**\*\*VARIANCE IS SUBJECT TO BE DENIED\*\***

Date of Request \_\_\_\_\_

NAME OF STUDENT: \_\_\_\_\_ PHONE \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

STUDENT’S HOME ADDRESS \_\_\_\_\_

Please describe the change you are requesting \_\_\_\_\_

\_\_\_\_\_

Explain why the change is needed \_\_\_\_\_

\_\_\_\_\_

Name and address of where your student needs to be transported \_\_\_\_\_

\_\_\_\_\_ PHONE # OF ADDRESS \_\_\_\_\_

AM \_\_\_\_\_ PM \_\_\_\_\_ or BOTH \_\_\_\_\_

Frequency of this new destination \_\_\_\_\_

Date when variance is to begin \_\_\_\_\_ UNTIL (DATE) \_\_\_\_\_ REST OF YEAR \_\_\_\_\_

Parent’s Signature \_\_\_\_\_

Principal’s Signature \_\_\_\_\_

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

Director of Transportation Signature \_\_\_\_\_

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_