

Bus # \_\_\_\_\_

Time: \_\_\_\_\_

Shuttle: \_\_\_\_\_

**REQUEST FOR TRANSPORTATION VARIANCE  
2021-2022**

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 ADDRESS** in addition to their child's residence. **Variances DO NOT carry over from the previous year. They MUST be filled out every school year.** \*\* **TRANSPORTATION 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 \_\_\_\_\_

DURATION OF VARIANCE: REST OF YEAR \_\_\_\_\_

UNTIL (DATE) \_\_\_\_\_

UNTIL FURTHER NOTICE \_\_\_\_\_

Date when variance is to begin \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Principal's Signature \_\_\_\_\_

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

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

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