



ALTERNATE STOP REQUEST FORM

Lake Orion Community Schools Transportation Department
 3620 Giddings Road
 Orion, MI 48359

Student(s) Name:		Date:
Home Address:		Home Phone:
City:	Zip Code:	Work Phone:
School:	Grade:	Cell Phone:
A.M. Alternate Address:		Alternate Phone:
P.M. Alternate Address:		Alternate Phone:

**Only 1 A.M. stop 5 days per week.
 Only 1 P.M. stop 5 days per week.**

FOR TRANSPORTATION USE ONLY
<input type="checkbox"/> Accepted <input type="checkbox"/> Denied
Reason Denied: _____

