



**2025 – 2026**  
**ALTERNATE ADDRESS REQUEST**

This form is used to request SLPS Transportation for my child TO & FROM the address indicated below.  
I understand that my child CANNOT ride on two different buses. District policy is one bus, one seat per child.  
I further understand that this service can only be offered within the school zone.  
The alternate address option eliminates busing from the home address on file.

**FAX COMPLETED FORM TO: SLPS TRANSPORTATION ROUTING 772-340-7134**

Student Name: \_\_\_\_\_ Student ID#: 562

Grade: \_\_\_\_\_ School Student Attends: \_\_\_\_\_

Student's registered address with SLPS: \_\_\_\_\_  
\_\_\_\_\_

Name of Alternate Address Contact: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Phone # of Alternate Address Contact: \_\_\_\_\_

Alternate Address to transport student to: \_\_\_\_\_  
\_\_\_\_\_

Parent's Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

**FOR ROUTING DEPARTMENT ONLY**

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BUS #:  PICK UP:  DROP OFF:

BUS STOP:

START DATE:  ROUTED BY:  DATE:

PARENT CONTACTED ON:  BY:  SPOKE TO  LEFT VM  NO CONTACT