DUAL RIDERSHIP FORM

Long-Term Alternate Transportation Request (One Week or Longer)

Use this form to request a long-term change when a student needs to be picked up and/or dropped off at a location other than the student's residence. **Complete Sections I and II.** Please allow up to **three (3) business days** for processing. Once approved, Transportation will notify the parent/guardian and school and assign the bus, stop location, and approximate time.
To expedite processing, email the completed form to: jeanette.hogge@gc.k12.va.us and Lorie.burnett@gc.k12.va.us

Forms received after mid-August may not be processed before the beginning of the school year. Allow 30 days for processing at start of school Year .

SECTION I - PARENT / GUARDIAN & STUDENT INFORMATION

Parent or Guardian Name * _____ **Date* :** _____

911 Address (Student Residence) * _____ **Telephone Number * :** _____

Student Legal Name (Last, First, Middle) * _____ **Email Address* :** _____

Grade * _____ **School *** _____ **Student I.D.#** _____

SECTION II - ALTERNATE TRANSPORTATION REQUEST

Beginning Date * _____ **Ending Date *** _____

Day	A.M.	P.M.
Monday	[ ]	[ ]
Tuesday	[ ]	[ ]
Wednesday	[ ]	[ ]
Thursday	[ ]	[ ]
Friday	[ ]	[ ]

A.M. Pick-Up Alternate 911 Address *
_____

P.M. Drop-Off Alternate 911 Address *
_____

Parent or Guardian Signature *
_____

SECTION III - TRANSPORTATION USE ONLY

Assigned Route AM _____ Assigned Route PM _____ **A.M. Stop Location:** _____ **P.M. Stop Location :** _____

A.M. Approximate Stop Time : _____ **Date Driver Informed:** _____

P.M. Approximate Stop Time: _____

Parent/Guardian Notified: [ ] Email [ ] Telephone [ ] Letter

* Required field