

# 2024 – 2025 Alternate Transportation Procedures

- # Students are assigned an AM and PM stop in our Transportation Information Management System (TIMS). Due to capacity issues and Bus Driver shortages we can only allow students to have one AM stop and one PM stop.
- # If a PERMANENT change needs to be made, a Parent/Guardian must complete and submit to their child’s school the Parent Application for New or Alternate Transportation by **10:00 am the first school day of the week** in order for the change to be processed for the current week.
  - # **Incomplete forms will not be processed.**
  - # **Phone calls for Alternate Transportation stops will not be accepted.**
  - # **As Needed Transportation Forms will NOT be accepted/approved.**

**Perquimans County Schools**  
 Transportation Department  
 139 Jimmy Hunter Drive, PO Box 337  
 Hertford, NC 27944

Terry Sawyer, Transportation Director



For School Use Only:  
 Teacher: \_\_\_\_\_

(252) 426-7515 Phone; (252) 426-7212 Fax

### Parent Application for New or Alternate Bus Stop

I am requesting to have my student ride a Perquimans County School bus to a new bus stop. I understand my request must meet the guidelines as described in Perquimans County School's Board of Education Policy 6321A.

#### Student/Parent Information

**All requests must be submitted to your student's school by 10:00 am the first school day of the week in order to be processed for the week**

Student's Name: \_\_\_\_\_

School (check one):  PCS  HGS  PCMS  PCHS Grade: \_\_\_\_\_ Regular Bus Number: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_ Parent/Guardian Emergency Phone: \_\_\_\_\_

#### Transportation Change Information

Address for New/Alternate Transportation: \_\_\_\_\_

**\*Note: At this time all changes are PERMANENT**

Alternate Transportation needed:  AM Only  PM Only  Both AM & PM

Date to Begin: \_\_\_\_\_

Person Responsible at Alternate Transportation Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Reason for Alternate Transportation request: \_\_\_\_\_

By my signature, I understand and agree to the conditions of approval for Alternate Transportation.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal or Designee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The School will forward a copy of the Alternate Transportation Request form signed by Parent/Guardian and School Principal/Designee to the Transportation Department. Incomplete forms will not be processed and will be returned to the originating school. Once completed, a copy will be returned to the student's school.*

**ALTERNATE TRANSPORTATION WILL NOT BEGIN UNTIL APPROVED FORM IS RECEIVED FROM THE TRANSPORTATION DEPARTMENT.**

For Transportation office use only:

Approved  Denied Date: \_\_\_\_\_ Bus Number Serving New Transportation Address:

Note: \_\_\_\_\_

Transportation Director/Designee: \_\_\_\_\_

- # The Parent Application for New or Alternate Transportation may be obtained from your Child’s School or from the Perquimans County Schools Web Site ([www.pqschools.org](http://www.pqschools.org)).