



DEPARTMENT OF DEFENSE DEPENDENTS SCHOOLS
 STUDENT TRANSPORTATION OFFICE NAPLES
 PSC 808, BOX 15
 FPO AE 09618-0015



**REQUEST FOR ALTERNATE SCHOOL BUS
 TRANSPORTATION**
 (Please Print)

STUDENT NAME: _____

GRADE: _____ TEACHER NAME: _____
 (Elementary School Only)

DATE TO RIDE ALTERNATE BUS: _____ AM/PM

REQUESTED ALTERNATE BUS NUMBER: _____

BUS STOP NAME: _____

HOME PHONE: _____ WORK PHONE: _____

SPONSOR/PARENT/GUARDIAN ACKNOWLEDGEMENT OF THE FOLLOWING CONDITIONS:

- a) This is a "Space Available Request Only".
- b) I understand that frequent request, or request to change bus stops on a day-to-day basis (e.g. Monday, Wednesday, and Friday at one stop; Tuesday and Thursday at another) are not authorized.
- b) My dependent is enrolled in a category entitled to space-required transportation and a registered school rider.

 (Signature)

Point of contact at Naples Student Transportation Office DSN 629-4769/4480/4481/4482 or 081 811-4769/4480/4481/4482. Fax DSN 629-4073 or 081 811-4073. Our office is located at the Naples High School, room 234. Emergency after hours call 335 216-2830.