	Date
MEMORANDUM FOR	CHIEF, PACIFIC TRANSPORTATION MANAGEMENT OFFICE (PACTMO)
THRU:	DISTRICT TRANSPORTATION SUPERVISOR
SUBJECT: Waiver Reques	t for School Bus Transportation
The following information i transportation waiver:	s provided to support my request for a school bus
1. PARENT/GUARDIAN	NAME AND SSN:
2. STUDENT(s) NAME: _	
3. HOME STREET ADDR	ESS:
	P/DROP OFF POINT:
5. HOME PHONE :	WORK PHONE:
6. COMMAND SPONSOF	RED: YES NO
7. THE SCHOOL THE ST	UDENT IS REGISTERED IN:
8. JUSTIFICATION:	

If this request for waiver is approved, I understand and agree to the following:

- a. That transportation will only be provided if a bus is currently routed through the area in which alternate pickup is requested.
- b. My child will be riding on a space available basis.
- c. Additional space required students who register for the bus my child is riding may displace my child if there no other space available seats.
- d. Transporting my child will be at no additional cost to the government.
- e. PACTMO periodically surveys authorized ridership on bus routes which could result in consolidating buses, reducing the number of space A seats available.

Requester's Printed Name	
Signature	
<u>OFFICE USE ONLY</u> :	
BUS ROUTE BUS SIZE NUMBER OF AVAILABLE SPACE A SEATS	
RECOMMENDATION:	

DISTRICT TRANSPORTATION OFFICER